



# **ARKANSAS' PART C PROGRAM FIRST CONNECTIONS**

## **State Systemic Improvement Plan PHASE II**



### **FIRST CONNECTIONS**

Department of Human Services  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

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## OVERVIEW/INTRODUCTION TO PHASE II

### ***Purpose of Phase II of the State-wide Systemic Improvement Plan (SSIP):***

The purpose of the Phase II plan is to:

- (1) provide an update on Arkansas's progress in implementing improvement efforts
  - (2) describe how the Lead Agency will develop its capacity to support early intervention programs and providers in implementing IDEA and improving outcomes for infants and toddlers with disabilities and their families
- define needs for technical assistance and other supports needed to achieve the State-identified Measurable Result (SiMR)

### ***Introduction to Arkansas' Part C SSIP Phase II Plan:***

Phase I work for the development of the State Strategic Improvement Plan (SSIP) culminated in the selection of the following SiMR as the area of focus for improving results for infants and toddlers with disabilities:

**Increase the percent of families who report that early intervention has helped them help their child develop and learn.**

[Family Outcome 4/C]



Phase II builds on the data and infrastructure analyses, coherent improvement strategies, and the theory of action developed in Phase I to include activities, steps, and resources required to implement coherent improvement strategies. Phase II provides information on the research on evidence-based practices and implementation, timelines for implementation, and methods for evaluating implementation as well as the impact of implementation on the SiMR.

Information in this Phase II report is organized into four sections including the three categories which align with components described in Phase II of the Measurement Table under Indicator 11 (Part C). In addition, section 2 of the report provides detailed information related to stakeholder involvement.

- Section 1: Infrastructure Development to Support Improvement
- Section 2: Stakeholder Involvement
- Section 3: Support for Implementation of EBPs
- Section 4: Methods of Evaluating Progress

### ***Broad Overview of Phase II Plan for Arkansas' Part C Program:***

First Connections, in partnership with the State's 619 Program serving preschool children 3-5 with special learning needs, decided to select DEC Recommended Practices as the evidence based practices that, once implemented, will enable practitioners to work more effectively with family

members/primary caregivers to enhance their abilities to help children develop and learn and early childhood teachers to support positive outcomes for children in inclusive environments. The DEC Recommended Practices were recently updated by a DEC appointed Commission (and supported by the ECTA Center, an OSEP funded project) who used research and wisdom of the field to highlight those practices most likely to affect positive outcomes for children birth to five with disabilities. The Commission is currently in the process of validating the evidence to support each of the practices.

Arkansas intends to begin implementation with a target group of 0-3 sites recruited through an application process. The development was achieved through work with stakeholder groups, the Arkansas Interagency Coordinating Council (AICC), and the state-wide Cross-Sector Professional Development Leadership Team (PD Leadership Team) with support from national TA partners.

First Connections is working with sites to identify implementation teams who will be trained alongside external coaches from a master cadre of trainers, identified by a PD Leadership Team. The initial implementation teams at these sites will be supported through peer coaching (internal and external) and mentoring to begin implementation of the DEC Recommended Practices to change professional practice in order to build the capacity of families to help their children develop and learn to improve child outcomes. Teams from sites within the target group and the external coaches of the master cadre will form a Community of Practice (CoP) to offer peer-to-peer support. The existence of the CoP and the target group implementing EBPs with fidelity will assist the state in evaluating the process and in scaling up implementation.

Scale up will involve adding additional sites and training, coaching, and mentoring new sites. Newly added sites have the benefit of peer support and the ability to visit demo sites that are already implementing with fidelity and to join the CoP for added support.

Phase II and Phase III will focus on supporting sites/provider groups to reach fidelity so that there is a strong CoP and demo sites in each region, a necessary infrastructure development to support eventual state-wide implementation.

### ***Comparison of FFY13/FFY14 Family Outcomes Data:***

Family Outcomes:	FFY13 Data	FFY14 Data	FFY14 Target	FFY14 Status
(4a) Percent of families participating in Part C who report that early intervention services have helped the family know their rights	74.91%	78.96%	82%	<i>Did not meet target</i>
(4b) Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	80.83%	81.84%	82%	<i>Did not meet target</i>
(4c) Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	79.79%	87.84%	82%	Met target

FFY 2014 data shows an increased percentage of parents reporting that early intervention: helped them know their rights; communicate their child's needs; and help their child develop and learn. However, since program improvements are only in the beginning stages of implementation, the increase may be attributable to the reformatting and shortening of the family survey and the resulting higher number of responses received.

## SECTION 1: INFRASTRUCTURE DEVELOPMENT TO SUPPORT IMPROVEMENT

### *Overview of Section 1*

Section 1 of Phase II focuses on:

- key activities to support practitioners in implementing evidence-based practices (EBPs) to reach the SiMR
- resources needed, expected outcomes, and timelines for completing improvement efforts
- how the State will scale up and sustain the work

In Phase I, the System Framework developed by ECTA, *A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs*, was used to describe and analyze the current infrastructure (2014). For each infrastructure component, Core SSIP Team members facilitated an infrastructure subcommittee in the particular component area most closely aligned with their work. These SSIP Infrastructure Workgroups conducted a strengths, weaknesses, opportunities and threats (SWOT) analysis to examine strengths and areas for improvement. The Core SSIP Team brought back findings and recommendations from each of the subcommittees to share with the Arkansas Interagency Coordinating Council (AICC) and the SSIP Stakeholder group, who identified additional strengths and needs in each infrastructure component area. Stakeholders participated in workgroups (by infrastructure area) to identify coherent improvement strategies to overcome perceived barriers and weaknesses. Stakeholders recognized that state-wide system change to the infrastructure necessary to reach the SiMR is dependent on a number of variables, some within the lead agency and other components outside of the lead agency. Infrastructure and program changes will require ongoing analysis with strategies possibly modified and adjusted over time.

Work in Phase I and in Phase II was guided by a publication of The Early Childhood Technical Assistance Center (ECTA), *Considerations for Implementing Systemic Change*, which guides states in answering questions about their specific long term system change initiative. Planning groups considered data supporting a need for change and addressed the following questions from the publication:

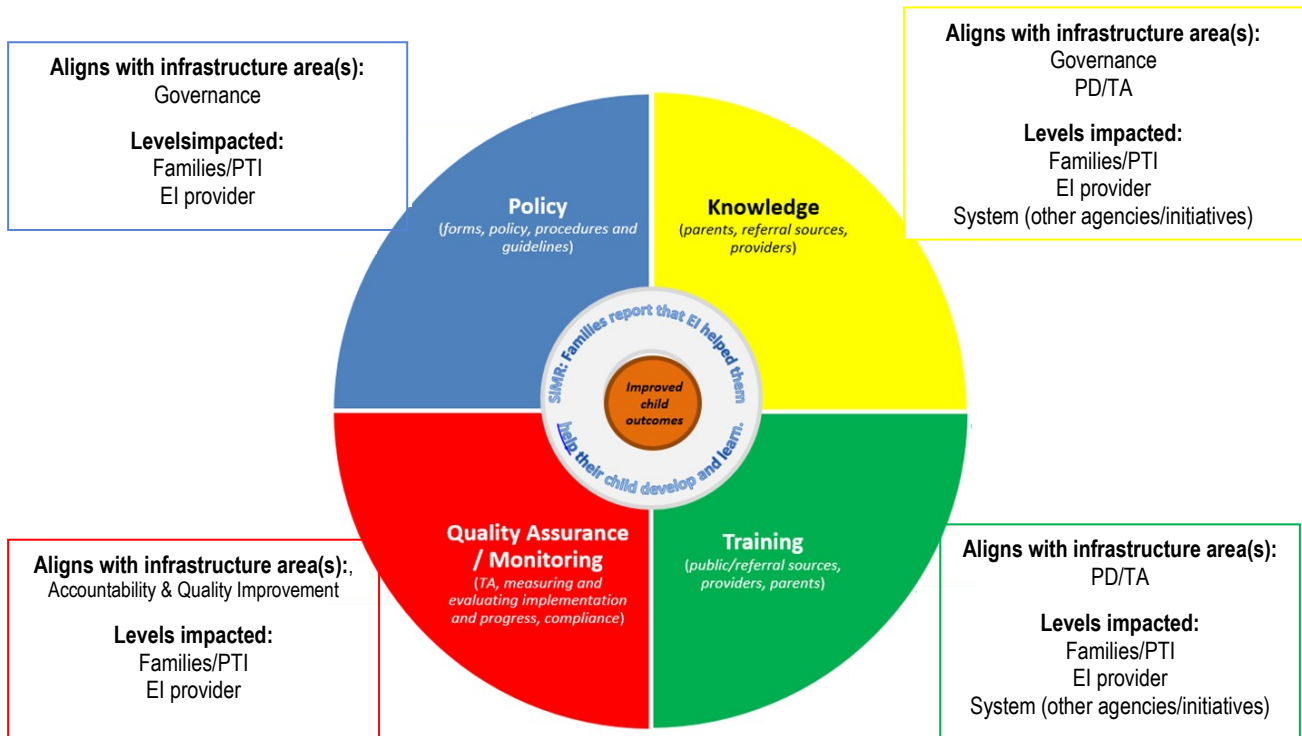
- Will the change being considered require more than a tweaking of something the program already does?
- Is the change going to impact a wide range of people within the system across the state?
- Will those people need training and support to implement the change correctly?
- Will the change take considerable time, energy, and resources to see it through?
- Is more than one person needed to lead this change initiative over time?

All of the above questions were answered “yes,” indicating that the initiative will involve systemic change effort and will require the use of a well-planned implementation process to be efficient and successful. The ECTA publication provided planning teams with additional questions and activities to inform planning in stages with ideas for potential activities to occur at various stages of implementation.

### ***Infrastructure Improvements to Support EI Practitioners to Implement and Scale-Up EBPs to Reach the SiMR***

Phase I analysis identified needs in each component of the State’s infrastructure, and stakeholders shared ideas for improvement strategies in each infrastructure component area. While all of the proposed strategies would be useful and beneficial, teams in Phase II analyzed which strategies would be necessary to change practice and assist the lead agency in supporting EI programs and providers to implement and scale up evidence-based practices (EBPs) to show measureable improvement in the SiMR with the ultimate goal of improving outcomes for infants and toddlers with disabilities. For all improvement strategies proposed in Phase I, see **Appendix 4: Phase I Proposed Improvement Strategies by Infrastructure Area**.

In the Phase I Theory of Action, four broad improvement areas critical to supporting implementation were identified. Key improvement strategies for each area were identified based on what actions were needed to support the program in implementing change. Though not prioritized as a major infrastructure area for improvement, strategies are included that address the area of data infrastructure, particularly in how data are collected to evaluate progress. The following diagram and table depict key improvement strategies by broad area and describe how the activity will support practitioners in implementing EBPs to reach the SiMR (following page).



Specific improvement activities to improve the State infrastructure (grouped by areas indicated in the above graph):	How the activity will improve the State's ability to support EI providers in implementing EBPs to reach the SiMR:
<p><b>Training:</b></p> <ul style="list-style-type: none"> <li>a. Form a state-wide, cross-sector Professional Development Leadership Team to leverage resources and align initiatives affecting early learners, and to do the work together of determining content and competencies for a master cadre of trainers/external coaches who support implementation of EBPs.</li> <li>b. Training the internal and external coaches (UP Sites and the Master Cadre).</li> <li>c. Identify "core competencies" of Part C</li> </ul>	<p><b>Training:</b></p> <ul style="list-style-type: none"> <li>a. The PD Leadership Team's work in identifying and forming the master cadre of external coaches across early childhood to train providers in recommended practices to reach the SiMR.</li> <li>b. Training both internal and external coaches together ensures everyone is "on the same page" and prepared to implement EBPs in the same way with the same understanding of quality measures and how coaches support one another.</li> <li>c. Identified core competencies include those attitudes, beliefs, and skills needed to implement evidence-based practices to reach the SiMR.</li> </ul>



<p>providers and train all Part C providers in core competencies (initial certification/re-certification).</p> <p>d. TA on developing meaningful and useful IFSPs.</p> <p>e. Operationalize training objectives into measureable outcomes for changes in practice.</p>	<p>Training for all EI providers in core competencies would support them in changing practice to implement the IDEA and meet program improvement goals.</p> <p>d. IFSP activities/strategies would be used by family members to support their child's learning. Parent/practitioner partnerships support implementation of EBPs.</p> <p>e. For the CSPD program to meet program improvement goals, the team will need a way to measure effectiveness of training so that modifications can be made and supports provided to ensure strategies are implemented as planned/intended.</p>
<p><b>Quality Assurance &amp; Monitoring:</b></p> <p>a. Core SSIP Team completes the ECTA Center Framework self-assessments periodically throughout the SSIP process to inform the changes and to self-assess progress in each sector of infrastructure development.</p> <p>b. Work with national TA partners to create a (or implement existing) coaching checklists.</p> <p>c. Implement an existing self-assessment tool to be used by EI providers/programs for self-reflection on how EBPs are being implemented.</p> <p>d. Align priority areas, rankings, and visit protocol for Focused Monitoring with the SiMR.</p>	<p><b>Quality Assurance &amp; Monitoring:</b></p> <p>a. Use of the Framework and periodic self-assessment will provide the lead agency information about progress in the various sectors in order to continue work on on-going infrastructure development needed to support programs/providers in implementing EBPs.</p> <p>b. A coaching checklist would standardize expectations for home visitors to ensure implementation of EBPs supporting parent's ability to help their child develop and learn (SiMR). Use of the coaching checklist by external coaches would provide a method of ensuring uniform quality practices.</p> <p>c. Practitioners take responsibility for their own professional development to promote more accountability and buy-in while being accountable for ongoing professional development relevant to supporting implementation of EBPs.</p> <p>d. Monitoring must align with program improvement goals in order to support change in practice.</p>

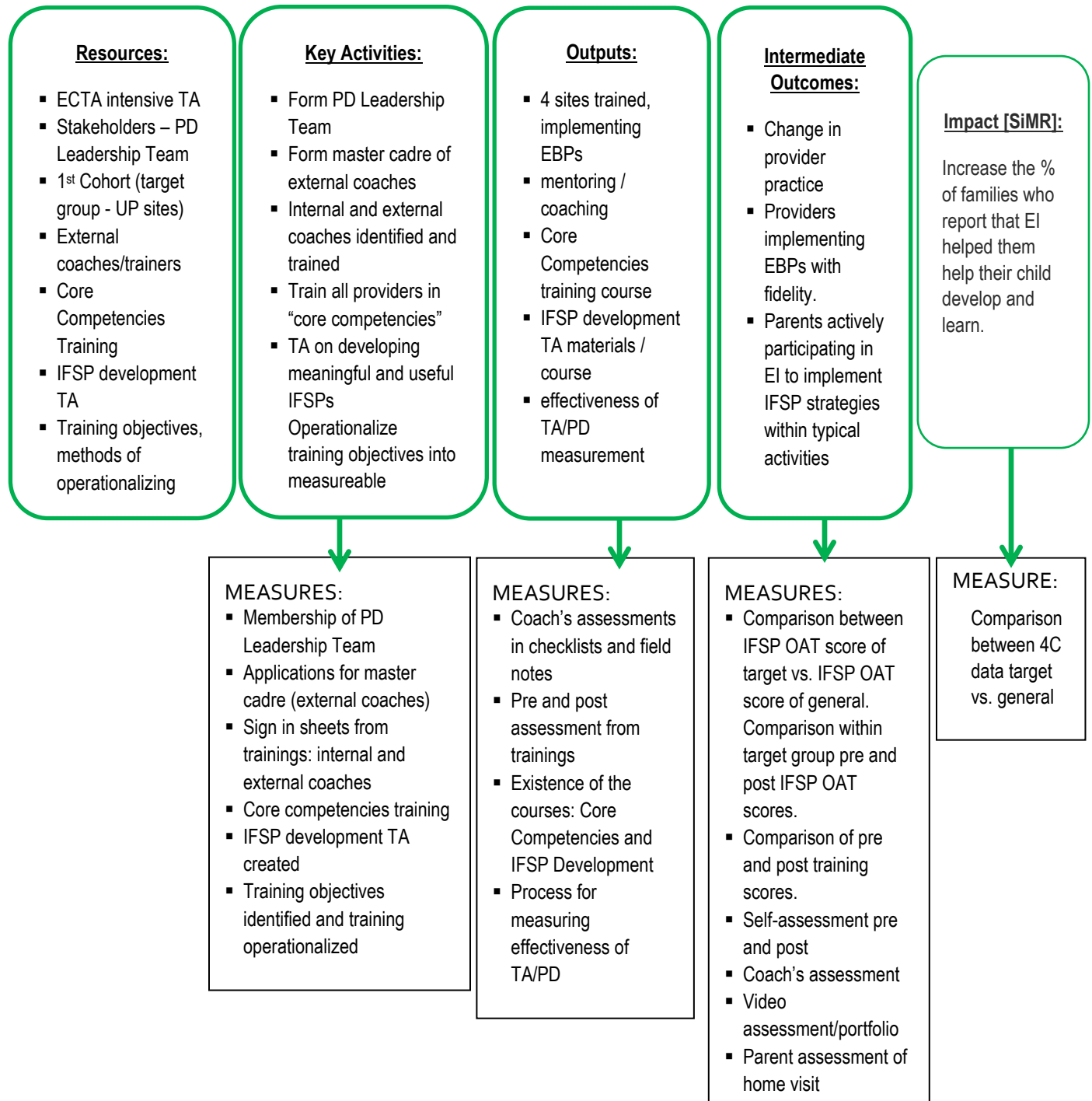
<p><b>Policy:</b></p> <ul style="list-style-type: none"> <li>a. Memorandums of Understanding between First Connections and providers who agree to serve as initial cohort (target sites) to begin implementation of EBPs and establish a Community of Practice (CoP).</li> <li>b. Revise initial certification requirements and re-certification requirements to include all Part C providers and service coordinators to complete core competencies training and change annual professional development requirements for all Part C providers to require a specified number of hours of training annually on topics related to EBPs for 0-3 learners.</li> <li>c. Parent Participation Agreement Form required for use at intake.</li> <li>d. Develop Report Writing Guidelines (manual) to set Part C requirements for 0-3 evaluation reports and require that the written report support the family's ability to use information from report to develop age-appropriate learning goals for their child.</li> </ul>	<p><b>Policy:</b></p> <ul style="list-style-type: none"> <li>a. Each UP site demonstrates “buy-in” – a willingness to change practice by agreeing to the MOU and by signing. Collaboration will support EI providers in implementing EBPs with fidelity to reach the SiMR.</li> <li>b. Training and on-going professional development in core competencies and EBPs would provide ongoing support to early interventionists to support them in changing practice to implement the IDEA and meet program improvement goals (to reach SiMR).</li> <li>c. Stronger parent/practitioner partnerships support early interventionists in implementing EBPs to reach the SiMR</li> <li>d. Guidelines would support EI professionals in helping families understand their child's abilities and special learning needs so that families will be supported in advocating for their child and helping their child learn and develop (SiMR).</li> </ul>
<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>a. Educate parents about their role as partner with First Connections and the program's goal of increasing their confidence and competence in being able to help their child develop and learn.</li> <li>b. “Re-market” the program to educate referral sources on mission and principles of early intervention, parent role in early intervention, and the benefits of natural environment practices.</li> <li>c. Partner with PTI and other agencies to provide information about early intervention and the important role parents play in supporting their child's early learning.</li> </ul>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>a. With parents actively involved and working with early interventionists, providers are supported in implementing EBPs to reach the SiMR.</li> <li>b. With referral sources able to accurately explain the program to families, parents will enter the program aware of their role. Active participation of parents in early intervention supports providers in implementing EBPs to reach the SiMR.</li> <li>c. When families have information and support, they can better advocate for their child to promote their child's early learning (SiMR).</li> </ul>

### ***SSIP Action Plan for Implementing Infrastructure Changes: Resources Needed and Expected Outcomes***

First Connections, in collaboration with AICC and other stakeholders will identify infrastructure changes critical to implementation of the Plan through ongoing assessment throughout the stages of implementation. Resources, short and intermediate outcomes, link to the SiMR (long-term goal), person/persons responsible for overseeing, and ways to measure implementation progress are outlined in the following pages as a series of logic models (one for each broad improvement area featured in the diagram and chart, above:

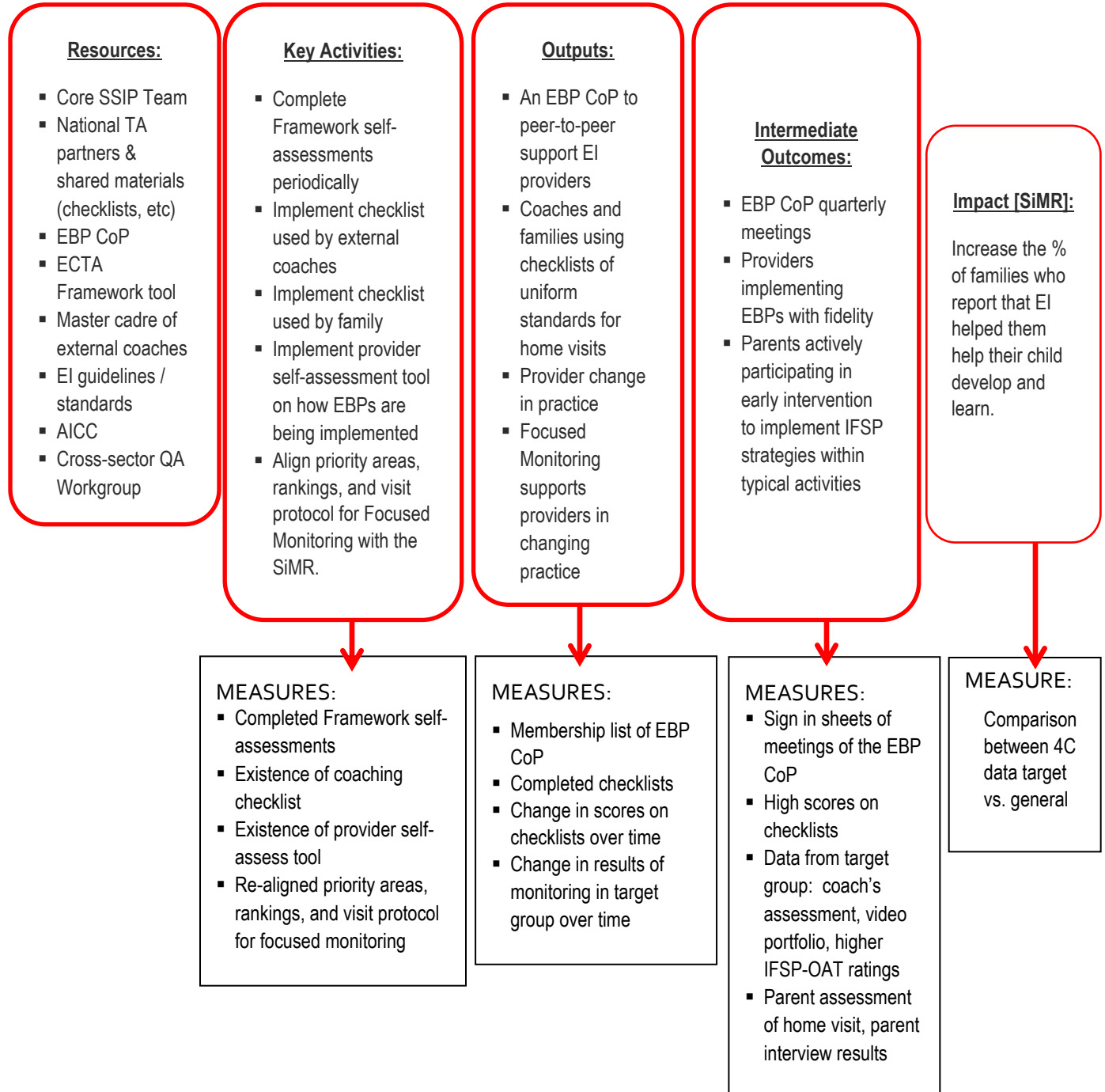
## TRAINING LOGIC MODEL & MEASURES

**Group overseeing:** State-wide Cross-Sector Professional Development Leadership Team



## QUALITY ASSURANCE / MONITORING LOGIC MODEL & MEASURES

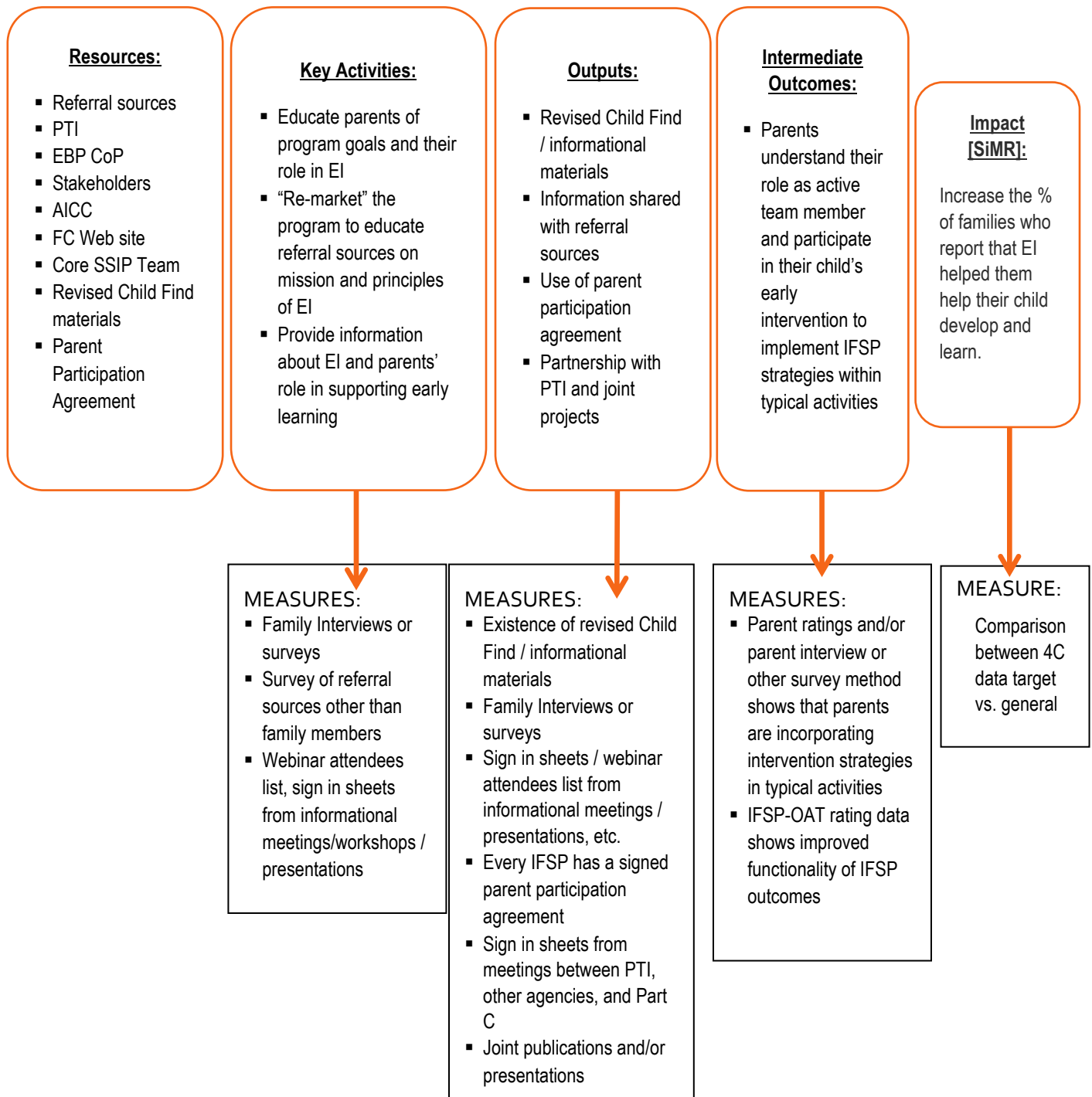
**Group overseeing:** Cross-Sector Quality Assurance Workgroup



## KNOWLEDGE LOGIC MODEL & MEASURES

**Group overseeing:** AICC and Core SSIP Team

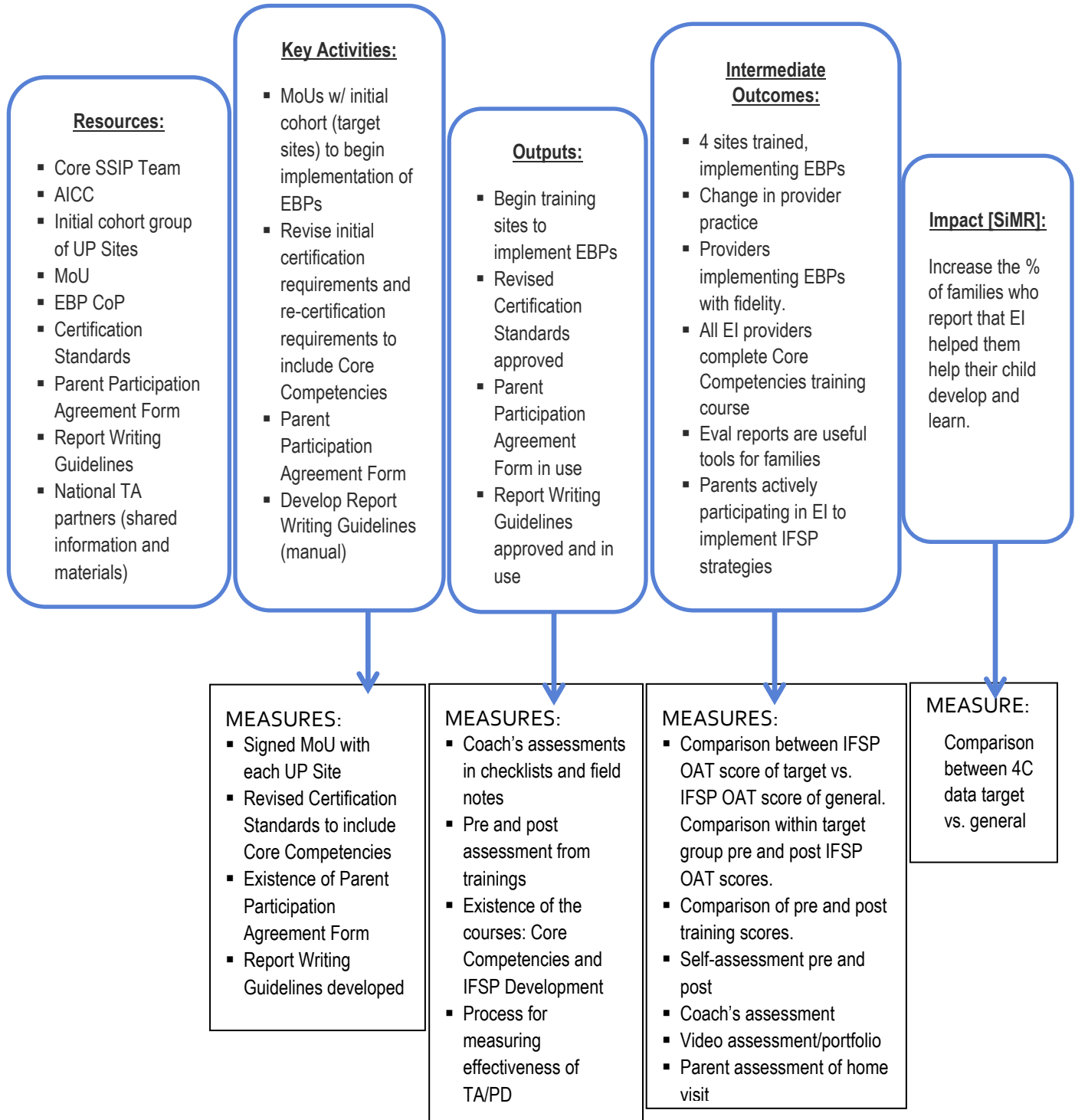
**Other groups involved:** *SSIP Stakeholders, The Center for Exceptional Families (PTI)*



## POLICY LOGIC MODEL & MEASURES

**Group overseeing: SSIP Core Team**

**Other groups involved: AICC, SSIP Stakeholders, CoP**



## *SSIP Action Plan for Implementing Infrastructure Changes: Timelines*

**"If you want to go fast, go alone. If you want to go far, go together."**

~African proverb

As the Early Childhood Partnership (First Connections and other entities) grows, we are learning to put into practice *Leading by Convening* principles to actively involve stakeholders as partners and team members to share the work. It takes time to work with others who care about improving outcomes for our earliest learners including developing relationships, setting goals, considering multiple perspectives, reflecting, and self-assessing. However, we expect that our shared work will yield quality results and sustain itself over time.

While some portions of implementation began in 2015, implementation of key strategies to support practitioners in implementing EBPs will begin in spring/summer of 2016 (training the 1<sup>st</sup> cohort group that will later serve as mentors and coaches to support scale up). When the first cohort group is implementing EBPs with fidelity, additional cohort groups will be added. This initial scale-up would occur in July of 2018 with training supported by coaching and mentoring of other providers to continue through December of 2020. A detailed outline of estimated timelines can be found in Appendix 2, *Timelines for Implementation and Scale-Up*. Timelines may be adjusted to accommodate additional steps, strategies, and partners identified through ongoing evaluation and assessment as necessary to support initial implementation and gradual scale-up.



## SECTION 2: INVOLVEMENT OF STAKEHOLDERS

### *Overview of Section 2*

Section 2 of this report focuses on how the State involved stakeholders in the development of this phase and how stakeholders will be involved in implementation and scaling up, and in assessing progress. Included in this section is a description of goals of inter and intra-agency collaboration and:

- alignment with other agencies and initiatives
- steps to further align and leverage current improvement plans, initiatives impacting infants/toddlers with disabilities, programs, agencies, and stakeholders across the state
- how multiple offices within the Lead Agency will be involved in infrastructure improvement
- how multiple offices within the Lead Agency and other State agencies support the EIS programs and providers during the scaling up period
- how will the multiple offices within the Lead Agency and other State agencies ensure that the steps and specific activities occur within the timelines
- stakeholder involvement in assessing progress
- communication strategies First Connections will use to implement the Plan

### *Alignment with other Agencies and Initiatives*

Internally, First Connections works with other Divisions as a stakeholder to improve collaboration with the following Divisions within DHS, the Lead Agency:

<b>DCFS</b>	<b>Division of Child and Family Services</b>
<b>DCFS/FAS Unit</b>	<b>Division of Child and Family Services/Fetal Alcohol Spectrum Unit</b>
<b>DCCECE</b>	<b>Division of Child Care and Early Childhood Education</b>
<b>DDS / Title V</b>	<b>Children with Special Health Care Needs</b>

Externally, First Connections serves as a stakeholder with agencies, organizations, and initiatives outside of the lead agency with the goal of improving outcomes for children and families. Current collaborative efforts exist between First Connections and:

- **Arkansas Department of Education**
- **[IHE] Henderson State University (HSU)**
- **EHS and HS**
- **Preschool Expulsion Workgroup**
- **Early Intervention Summit**

- **Autism Planning Grant and Autism Implementation Grant (UAMS and ACH)**
- **Dennis Developmental Center (DDC) of Arkansas Children's Hospital (ACH)**
- **Arkansas' Professional Development Steering Committee**
- **PTI (The Center for Exceptional Families)**
- **AAIMH/LAUNCH**
- **NEST**
- **Arkansas Fetal Alcohol Spectrum Disorder Task Force**
- **Safe Babies Court Team**
- **Arkansas Fatherhood and Family Initiative**
- **Arkansas Children and Youth with Sensory Impairments**

For detailed information about collaborative efforts within the Lead Agency and with other agencies, organizations, and initiatives, see **Appendix 3: Current State Initiatives, Programs, and Improvement Plans Affecting Our Youngest Learners and Their Families**

### ***Leveraging Other Early Learning Initiatives and Current Improvement Plans***

First Connections has invested time, interest, and resources to support the related work of other DHS Divisions as well as other State agencies, organizations, programs, and initiatives impacting families of young children with disabilities. Collaboration to leverage other early learning initiatives and current improvement plans is in different stages depending on the agency, program, or initiative. First Connections will continue developing these partnerships to promote a more coordinated early childhood system to improve outcomes for children and families.

To increase awareness of the Part C improvement plan a quarterly newsletter regarding SSIP work and improvement efforts is disseminated to members of the Arkansas Interagency Coordinating Council (AICC) to share with their constituents. To form new partnerships and strengthen existing partnerships, First Connections convened a state-wide Professional Development Leadership Team using *Leading by Convening* principles and practices. The PD Leadership Team members have been instrumental in identifying “missing partners” and to personally invite these partners from their networks to the table.

Partnerships resulting from networking will assist the Lead Agency in aligning Part C improvement plans with current initiatives and grants in the State that impact infants and toddlers with disabilities and their families (*for more information, see list of current State initiatives listed in Appendix 3*). The intended outcome of these intra and inter-agency partnerships and collaborations is to positively impact families of children with disabilities by:

- ✓ creating a system that is more easy for families to navigate
- ✓ developing a network of EI and ECSE professionals who are able to work effectively with parents and other caregivers to empower them to use intervention strategies within typical child activities to promote their child's learning and development
- ✓ providing information about early intervention (0-3) and early childhood special education (3-5) programs, resources, services, and options to families so that families can advocate for their child and make informed choices when selecting the learning environment and resources to meet their goals for their child's learning and development
- ✓ providing families with comprehensive services, including child and family support services not typically associated with Part C programs

First Connections will deepen existing connections, forge new connections, and further align and leverage improvement plans and other early learning initiatives and programs in the State including:

- ✓ Growing the Early Childhood Partnership (Part C and 619 programs) and identifying ways to share professional development, parent education, and other resources to improve outcomes for children 0-5 to promote kindergarten readiness across the State
- ✓ Continuing participation in the State's Professional Development Steering Committee (DCCECE) to consider ways to align the work and/or conduct joint personnel development
- ✓ Inviting partners in early childhood (DCCECE) to participate in the Webinar series on Inclusion in Early Childhood Programs, co-sponsored by the U.S. Departments of Education and Health and Human Services.
- ✓ Build on early collaborations with DCFS and MidSOUTH to conduct regional trainings for Part C service coordinators and DCFS Family Service Workers on how to use CANS/FAST assessment results in the development of the IFSP for infants and toddlers involved in the child welfare system (out of home placement and in-home supportive services)
- ✓ Early Childhood Partnership deepening the connection with University of Arkansas for Medical Sciences Department of Family & Preventive Medicine to develop partnerships with RED programs impacting early learners with a focus on shared professional development to consider ways to provide early childhood educators (0-5) with on-site training and staff development to promote the social-emotional development of young learners
- ✓ Strengthen partnership with EHS/HS
- ✓ Developing a relationship with the new state PTI, The Center for Exceptional Families
- ✓ Sharing Part C Program data with AR-ADDM on age at first evaluation for children suspected of DD and/or ASD and begin to develop a partnership
- ✓ Continuing to reach out/invite MIECHV (Home Visiting Program) and its Parenting Education Network to participate in the Professional Development Leadership Team or to collaborate in some other capacity to enhance the skills and knowledge base of home visitors and parent educators as well as to promote networking among programs and practitioners involved in providing services to parents and children in Arkansas

## ***Involving Related Agencies, Offices, and Stakeholders in Infrastructure Improvement***

The State's Systemic Improvement Plan promotes collaboration within the Lead Agency and among other State agencies, non-profit organizations, professional groups, institutes of Higher Education, and parent advocacy groups. A diagram of the various groups involved might look something like:



First Connections and Arkansas' Early Childhood Special Education Program have united to form the Early Childhood Partnership to share the work of bringing together others concerned with improving outcomes for early learners 0-5. The Early Childhood Partnership identified representatives of other agencies, organizations, and initiatives involving families of children 0-5 and invited them to form the State-wide Cross-Sector Professional Development Leadership Team (PD Leadership Team). The Team, made up of professionals and other advocates concerned with improving outcomes for early learners, represents other divisions within both lead agencies of the Early Childhood Partnership, other state agencies, non-profit and for profit agencies, professional organizations, and representatives of various initiatives affecting families of children 0-5 (for list of involved agencies, see Appendix 1: *Stakeholder Representation / Phase*

*II).* The PD Leadership team receives information and support from national TA partners: The Early Childhood Technical Assistance Center (ECTA Center), the National Center for Systemic Improvement (NCSI), and The Center for IDEA Early Childhood Data Systems (DaSy) who inform the work and assist in planning methods of implementation and evaluation to create a sustainable system to support state-wide scale up of evidence-based practices to improve outcomes for children and families.

PD Leadership Team members share the work of planning methods of beginning implementation of EBPs and how to best support professionals in beginning, implementation and ultimately implementing with fidelity. The PD Leadership Team will also be instrumental in determining what tools are needed to support the early implementers in self-assessing progress and tools to support external coaches in assessing progress through a coaching checklist based on the core competencies. National TA partners are essential in sharing information and materials about existing tools that could be used or modified for Arkansas' EI and ECSE professionals. As the work continues, the team can assess what is needed to sustain the work and scale up implementation.

The plan involves multiple state agencies and various divisions within each lead agency as well as non-profit organizations, professional organizations, and parent and disability advocacy groups. The active involvement of practitioners is also a component of the plan. Improvement efforts rely heavily on interested EI (0-3) and ECSE (3-5) professionals to work with the Early Childhood Partnership to learn, grow, and develop new practices that promote the active participation of families in their child's early learning so that parents are not only decision-makers in their child's early learning but are also active partners, supported in implementing learning strategies to promote their child's active participation in child and family activities of their choosing. Selected sites of EI and ECSE professionals/programs in the initial cohort group become part of an Arkansas network of Unlimited Potential (UP) Sites to begin implementation of evidence-based practices (The Division of Early Childhood Recommended Practices).

The early implementers are supported by "external coaches" selected by the State-wide Cross Sector Professional Development Leadership Team (PD Leadership Team) from a master cadre of trainers and coaches recruited from a pool of existing master trainers across the state already providing professional development, technical assistance, coaching, and mentoring to early childhood practitioners. Approved external coaches increase the involvement of other agencies, organizations, and stakeholders in building the infrastructure to support change.

### ***Involving Related Agencies, Offices, and Stakeholders in Scaling Up and Sustaining Implementation of EBPs***

The active involvement of EI and ECSE professionals in the first cohort group expands the reach of the improvement planning to involve professionals who will be most affected by proposed

changes. The initial cohort group (and later cohort groups) will be instrumental in assisting the State in scale-up by acting as an EBP Community of Practice (CoP) and by serving as demonstration sites, trainers, and mentors – increasing the State’s capacity to support additional cohort groups in scaling up use of evidence-based practices. The state intends to use the materials, tools and resources developed and used in the ECTA Center Intensive TA Initiative Reaching Potentials through Recommended Practices to assist sites to select the staff who are involved in the first cohort, assess their current professional development needs, provide training and support and identify families and classrooms who will assist in the initial implementation.

### ***Stakeholder Involvement in Evaluating and Measuring Progress***

Methods of evaluation (both in monitoring effectiveness of plan and in monitoring success towards reaching the SiMR) will incorporate input from a variety of stakeholders (for information on various stakeholder groups and the organizations the members represent, see Appendix I: *Stakeholder Representation / Phase II and Communication Strategies*).

The SSIP Stakeholder group and the AICC participate in quarterly SSIP meetings and have opportunities to work in small groups or subcommittees to discuss issues identified in data and to develop and submit ideas, strategies, and solutions to the Core SSIP Team. Ongoing progress is communicated to both of these groups through a quarterly newsletter called the SSIP Progress Report. The SSIP Progress Report focuses on what activities are currently underway, rationale for various activities, progress towards meeting established timelines and information about what’s coming next.

Members of the State-wide, Cross-Sector Professional Development Leadership Team will be engaged to assess progress, measure effectiveness, and propose solutions in the area of professional development to support provider change of practice in implementing evidence-based practices with fidelity.

As implementation continues, SSIP Stakeholder workdays provide opportunities to analyze data to assess progress in plan implementation as well as progress in improving child and family outcomes (by comparing data of target group supported in implementing EBPs with data of the non-implementing programs) and to propose modifications as necessary to reach goals.

As implementation begins with the target group (UP Sites), a Community of Practice (CoP) will be formed and engaged to assess implementation teams’ progress, and strengths, needs, and challenges in implementing EBPs with fidelity to analyze their provider/program data to assess progress.

### ***Communication Strategies the State Will Use to Implement the Plan***

A variety of communication strategies/modalities have been developed to gather input and to keep the various groups informed of progress. These modalities include: newsletters, common electronic workspaces, polls to schedule calls/meetings, conference calls and webinars, and face to face meetings. Meeting reminders are sent via email in advance of meetings. Following meetings, materials and minutes are sent out via e-mail following the meeting so that those who miss a meeting can stay informed and up to date. Polls are used to select dates/times for meetings and to determine a consensus (when needed).

- AICC members share subcommittee updates with the lead agency and Part C staff, request information or data, and receive an SSIP update from the lead agency at quarterly AICC meetings where there are opportunities to discuss issues and ask questions about the plan and about plan implementation.
- The SSIP Stakeholder group members participate in quarterly calls where information is shared and issues discussed and where members can form smaller workgroups around areas of interest and expertise.
- The PD Leadership Team has monthly meetings via Web calls with quarterly face to face meetings. Members can access information and materials any time on the team's Google site in order to stay up to date.

Communication schedule (timelines) for intentional and informative communication for each group can be found in **Appendix 1: Stakeholder Representation / Phase II and Communication Strategies**.

## SECTION 3: SUPPORT FOR IMPLEMENTATION OF EVIDENCE-BASED PRACTICES (EBPS)

### *Overview of Section 3*

Section 3 of this report focuses on how the State will support early intervention (EI) practitioners in implementing and scaling up evidence-based practices (EBPs) that will result in changes in provider practices to reach the SiMR and improve outcomes for infants/toddlers with disabilities and their families. Included in this section is a description of the evidence used to select EBPs and methods used by the State to consider:

- the best fit for the coherent improvement strategies
- readiness and capacity for implementation within the Lead Agency, EI programs, and EI providers
- EI program and provider needs
- implementation drivers needed to effect change in EI provider practices
- professional development (PD) or TA support for high-fidelity adoption, implementation, and sustainability of selected coherent improvement strategies and EBPs
- ongoing support by the State in scaling up EBPs

This section also identifies steps and specific activities needed to implement the coherent improvement strategies including the resources that will be used to implement them and how the activities will be implemented with fidelity; how identified barriers will be addressed; timelines for completion; and who will implement activities and strategies.

### *Assessing Readiness and Capacity for Implementation and Selection of Evidence-Based Practices to Result in Change in Practice*

In Phase I, the State assessed the capacity for implementation. Infrastructure analyses revealed opportunities and potential threats that could be considered barriers to state-wide implementation of improvement strategies.

The Core SSIP Team with guidance from national TA partners and input from SSIP Stakeholders developed descriptions for what would be considered “readiness” and “willingness” and developed a protocol, application, and scoring rubric as an equitable way to select sites for initial implementation and demonstration.

A letter describing the initiative and an application was sent to all EI providers/EI programs, inviting them to submit an application to participate as an Unlimited Potential (UP) program who would implement evidence based practices (DEC recommended practices) and serve as a demonstration site for other programs.



“ . . . partner with us to learn and grow to reach our unlimited potential and to assist children and families in doing so as well. Selected applicants become part of an Arkansas network of Unlimited Potential (UP) Sites partnering with the Part C program to implement evidence-based practices as part of the State’s Systemic Improvement Planning. UP Sites receive professional development, technical assistance, feedback, and support to implement evidence-based and best practices and to serve as demonstration sites for other EI providers.”

-- from the UP Application Packet, First Connections, DHS:DDS. 2015.

The applications were scored using the rubric to rate programs based on data from each of the following areas:

- Natural Environment data
- Child Outcomes data
- Family Outcomes data
- Use of CDS (the data system)
- Determinations (monitoring)
- Quality of IFSPs (functional child outcomes using the IFSP-OAT rating tool)

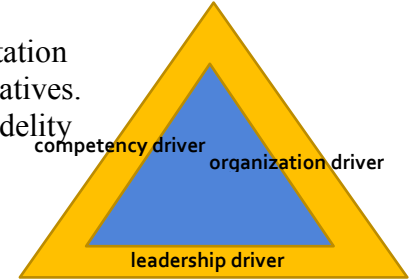
\*Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. (2014). *Outcome Assessment Tool*. The Ohio State University Nisonger Center, Columbus, OH.

Eleven applications were received, but one was disqualified because the EI program had not served any children and did not have data. The ten remaining applications were reviewed by a 3-person application review committee consisting of delegates from partnering agencies outside of First Connections who used the rubric to score each application and to provide comments. Following scoring by the application review committee, each applicant was granted a personal interview where the application and scoring rubric/comments were reviewed and discussed and each applicant had the opportunity to share additional information, both in high scoring areas and in low scoring areas. The five top-scoring applicants reviewed and discussed the Memorandum of Understanding (MOU) as part of their personal interview process.

By recruiting willing EI programs already strong in compliance and results indicators with an expressed interest in implementing evidence-based practices and by focusing on a smaller subset (target group) initially, the State can use limited resources to boost the ability of this subset to implement evidence-based practices to build on the work they’re already doing.

## ***Implementation Drivers Needed to Affect Change in Provider Practice***

The activities and structural components that make up each Implementation Driver contribute to successful and sustainable implementation of initiatives. When integrated and used collectively, the three drivers ensure high-fidelity and sustainable program implementation. In an integrated system, the initiative's mission, goals, knowledge and skills are consistently and purposefully expressed in each of the implementation drivers.



**Competency drivers** are *activities* to develop, improve, and sustain practitioners' ability to put EBPs into practice to improve outcomes for infants and toddlers with disabilities and their parents and other caregivers – the effective professional development that is the primary focus of First Connections' program improvement strategies. The four competency drivers include:

- **Selection:**
  1. Selection of initial cohort group of the Unlimited Potential Initiative
  2. Selection of EBPs
  3. Identification of core competencies (required knowledge, skills and abilities) for practitioners and for external coaches
  4. Forming the master cadre of external coaches
  5. Selection of coaching tools/checklists, etc
- **Training:**
  1. Initial and ongoing training of practitioners and external coaches
  2. Pre and Post assessment (ongoing as new theories and skills are trained)
- **Coaching:**
  1. New skills practiced “on the job,” with feedback from internal and external coaches
  3. Feedback to practitioners from multiple sources of data
- **Fidelity assessment:**
  1. Fidelity assessment developed
  2. Multiple sources of data gathered and shared with practitioners, stakeholders, etc
  3. Practitioners involved in self-assessment

**Organization Drivers** are the activities and components that intentionally develop supports and infrastructures needed to facilitate change. The three organization drivers include:

- **Data-Based Decision Making:**
  1. Core team frequently gathers and analyzes outcome, fidelity, and quality assurance data
  2. Outcome, fidelity, and quality assurance data shared with practitioners (regularly) in a way that is understandable and useful for self-assessment

- **Facilitative Administration:**

1. Develop clear communication protocols and functional feedback loops
2. Quarterly UP site team lead meetings to assist team leads in keep staff organized and focused, identify and address challenges
3. Core SSIP team adjusts and/or develops policies, procedures, and guidelines to support the new practices and reduce administrative barriers to implementing the EBPs as intended

- **Systems Interventions:**

1. Core SSIP Team reports to the AICC bi-annually on systemic issues and barriers that must be addressed at a level above the organization

**Leadership drivers** are the effective, knowledgeable, and engaged leadership foundational to successful implementation. Activities to develop and support engaged leadership:

1. Implementation site practitioners form an EBP Community of Practice
2. Requirement in the MOU for the administration of each implementation site to agree to participation
3. Unlimited Potential newsletter for the implementation teams
4. Opportunities for Unlimited Potential sites to serve as demonstration sites to their professional peers
5. Bi-annual UP site administrators' call
6. PD Leadership Team provides all team members with opportunities to host and/or facilitate a team meeting

### *Supporting EI Practitioners in Implementing EBPs*

To support EI providers in building on the work they're already doing, Part C administrative staff as well as stakeholders identified that more than traditional training, or the "spray and pray," method would be needed. A traditional professional development model consists of workshops, conference sessions, seminars, lectures, and other short-term training events. Called "traditional," because this is the most commonly offered form of professional development, this model provided information and often included opportunities to practice new skills out of context. The assumption was that by being exposed to new information and approaches emerging from research and developments in the field of early intervention, EI professionals will change their thinking and adopt behaviors that lead to improved child and family outcomes. However, traditional methods of professional development have not proven effective in changing attitudes or in changing practice. This perception is supported by research.

"In one study of 31 K–12 teachers attending a 6-day workshop on 'effective teaching,' teachers implemented only 3 out of 18 concepts

and strategies, and were more likely to just “bolt on” new strategies to existing practices (“horizontal” integration of new ideas), rather than to really change their existing beliefs and practices (“vertical” integration).”

-- Gardner, 1996, qtd in Smith & Gillespie, 2007.

To effect change, the State must change the way we support practitioners. First Connections reviewed research on methods of professional development found to be effective in changing practice. To align with current best practices in professional development, First Connections selected programs for the initial cohort group willing to form “provider teams” from the same workplace to learn and work together to enhance peer to peer support.

“Programs develop site-based learning communities where professional development is woven into the fabric of the . . . community. . .” -- Taylor,

Pearson, Peterson, & Rodriguez, 2005, qtd in Smith & Gillespie, 2007.

The teams will be “professionally developed,” gaining more than just information, but strategies that strongly align to their own work. The provider groups at implementation sites will have immediate opportunities to go back to work and practice in context with feedback and multi-tiered support: peer to peer with coworkers and coaching and mentoring both internally from peer coaches at their own provider location and externally from external coaches outside of their program. To equip and support the implementation teams and external coaches who support the teams, professional development will go beyond workshops and Webinars to include:

- **professional development carried out over many meetings and workshops over an extended period of time:** (each Unlimited Potential site agrees to a two-year commitment)
- **follow up coaching/mentoring to provide opportunities to practice in context with feedback and extensive support:** (each Unlimited Potential site selects an internal coach or coaches and is supported by an external coach)
- **a focus on problem-solving and reflectiveness in addition to acquiring new techniques, and on embedding change within the program:** (Unlimited Potential sites use video self-analysis and peer and coach analysis/feedback, analyze their data to assess impact on children and families and later serve as demonstration sites for their colleagues)
- **training which includes a variety of activities -- theory, demonstration, practice, feedback, and application:** (coaching and peer to peer feedback allow for demonstration, practice, application, and immediate feedback)

- **training that adheres to principles of adult learning by establishing a supportive environment** (CoP and external coaches), **acknowledges prior experience** (builds on what they're already doing well), **encourages professionals to make their implicit knowledge explicit** (peer to peer support, teaming, and video feedback), **makes use of learning activities that assist participants in anticipating and planning for barriers to implementation and brainstorming strategies to overcome obstacles** (team meetings, CoP, video peer to peer feedback)

"The research stresses the importance of supporting learners to activate their prior knowledge related to a topic they want to learn; to explicitly monitor new learning in light of their past experiences; and to evaluate how the new learning transfers into real-world practices . . . This kind of knowledge can only be developed by actually practicing the new skill and then reflecting on those practices." -- Bransford, Brown, & Cocking, 1999; Greeno, Resnick, & Collins, 1997, qtd in Smith & Gillespie, 2007.

To facilitate self-assessment and to support coaches in providing feedback to other practitioners, checklists tied to quality indicators and focused monitoring reviews for video portfolios guide the work of the implementation teams.

The PD Leadership Team supports practitioners by coming together to form a connected and easily accessible system of professional development in evidence-based practices to support professionals in working with children with special learning needs. The PD Leadership Team began their work by analyzing the State's current PD/TA system for early childhood professionals and setting a vision of what the group would like to see the state's comprehensive system of professional development evolve into.

"To create a multi-tiered, connected network of professional development in evidence-based practices that results in successful outcomes for children birth to five and their families learning in inclusive environments."

The Early Childhood Partnership's PD Leadership Team supports the work of EI and ECSE practitioners by setting standards and core competencies, by influencing infrastructure change to support implementation and scale up, by examining collaborative methods of funding incentives and reimbursements for external coaches, and by forming a master cadre of trainers to serve as external coaches. EI and ECSE professionals/programs in each cohort group are supported by these external coaches who mentor, coach, train, and support EI and ECSE practitioners.

The practitioners of the each cohort group will have opportunities to support one another through peer mentoring as each site selects an internal coach or coaches (depending on size of staff). Internal coaches are trained alongside external coaches through a train the trainer model. Internal coaches at each site coach, mentor, and support their peers at their location. Practitioners recording segments of sessions in which they work with parents and other caregivers provides opportunities for self-assessment, peer assessment, and coaches' assessment while building an individualized portfolio to measure progress which can be used to train and support other practitioners.

Additionally, the EI and ECSE practitioners of the first and second cohort group have opportunities to support other practitioners directly and indirectly by forming an EBP Community of Practice (CoP) to inform both lead agencies (Part C – DHS/DDS and Part B/619 – Arkansas Department of Education) by offering advice “from the field” on the best methods of supporting programs and practitioners in implementing evidence-based practices and in determining methods of evaluating the effectiveness of improvement methods. This CoP already implementing evidence-based practices with fidelity can further support state-wide implementation by serving as demonstration sites, trainers, and mentors so that practitioners beginning implementation as part of scale up have peer coaches and mentors to guide them.

For more information on steps, activities, resources, and timelines needed to implement improvement strategies, see: Section 1: *Infrastructure Improvements to Support EI Practitioners to Implement and Scale-Up EBPs to Reach the SiMR*, pages 6-9, *SSIP Action Plan for Implementing Infrastructure Changes: Resources Needed and Expected Outcomes*, pages 10-14, and Appendix 2: *Timelines for Implementation and Scale-Up*.

## Overcoming Identified Barriers

Barriers identified in Phase I infrastructure analysis are addressed within the plan to implement EBPs with the target group with fidelity.

Identified barriers and proposed strategies to overcome these barriers in the target implementation group are listed in the chart below by infrastructure area:

Barrier	Strategies
Medicaid guidelines in conflict with best practices (governance)	Meet with Medicaid staff to develop agreed-upon language and an FAQ for EI providers.
Voucher/vendor agreement does not reflect mission/principles (governance)	Revise agreement.
Limited resources to publish updated family	Collaborate with other related initiatives and

handbooks and other print resources (fiscal)	organizations to share publication costs. Link them as .pdf files on FaceBook or other media site where they are easily accessible to families and practitioners.
High provider requests for services that exceed guidelines (fiscal)	UP sites use quality teaming practices.  Revise/update EI guidelines. Program requires IFSP teams to submit developmental justification of need for any request for service that exceed guidelines.
0-3 core competencies/best practices not a required training for specialists to be program certified (quality standards)	UP site teams receive intensive training in best practices with follow up support from external coaches and their CoP.  Change certification requirements to include core competencies training for all Part C providers.
Separate organizations provide professional development to specific groups, but currently no unification of these channels to work together (professional development)	Convening PD Leadership Team so that partners can share the work of supporting practitioners with quality PD/TA, coaching, and mentoring.
Provider understanding of roles, responsibilities, IDEA requirements, teamwork (professional development)	UP site teams work together, supported by intensive training followed up by peer coaching.
Data system requires provider to enter “trials/sessions” from a clinical model that does not align with home visiting and “real life” measures for family to assess child mastery (data)	System update.
Lack of data when providers fail to using the CDS system to document service delivery (data)	UP site teams agree in MOU to use system in its entirety and to gather data.
Monitoring protocol not aligned with mission/principles, current best practices, and program improvement strategies (accountability/monitoring)	Update monitoring protocol.
No method of self-assessment for EI programs to measure their alignment with best practices and program improvement strategies (accountability/monitoring)	UP sites self-assess and peer assess progress in implementing EBPs as part of participation in the initiative.

## SECTION 4: METHODS OF EVALUATING PROGRESS

### *Overview of Section 4*

Section 4 of this report focuses on how proposed methods of evaluating progress are aligned to the theory of action develop in Phase I and the extent to which evaluation methods include short-term and long-term objectives to measure implementation of strategies and progress towards reaching the SiMR of increasing the percentage of families who report that early intervention helped them help their child develop and learn. Section 4 also identifies and outlines resources and methods of conducting ongoing evaluation and the process the State will use to make modifications to the SSIP and/or adjustments to strategies when data identifies a need. Outlined are methods the State will use to collect and analyze data to evaluate:

- implementation of “the plan” (the SSIP)
- effectiveness of the coherent improvement strategies
- and measure criteria for successful implementation
- outcomes or results of implementing the SSIP
- progress toward achieving the SiMR
- and measure State infrastructure changes needed to better align current initiatives identified in the infrastructure analysis conducted in Phase I
- the effectiveness of TA and/or PD

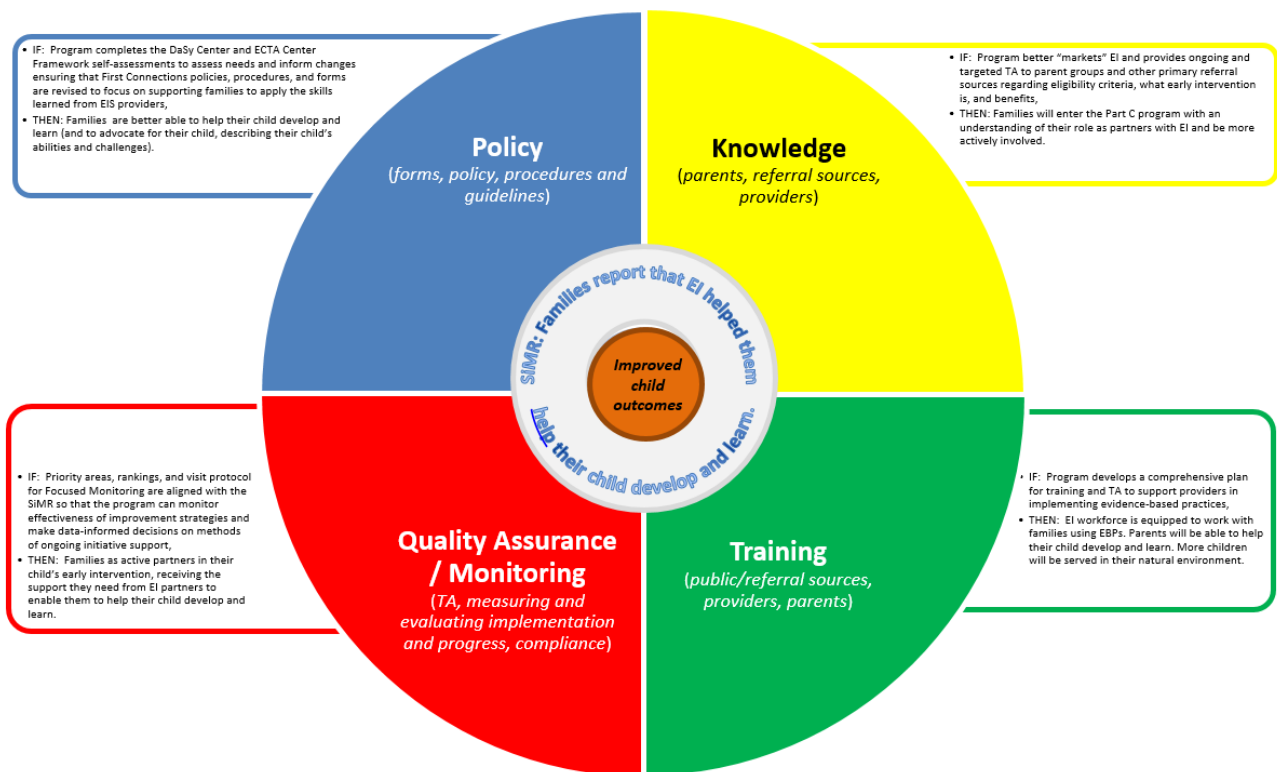
One asset Arkansas’ Part C program has is the state-wide comprehensive data system (CDS) to gather, store, collect, and analyze a variety of data around performance and compliance areas. Another asset is dedicated staff working in specific areas: quality assurance and monitoring, CSPD, and data. Together these team members can use information not only from the state-wide data system but also data gathered from provider self-assessments, from IFSP outcome ratings, from monitoring site visits, from the reports of the external coaches, and eventually from practitioner portfolios to monitor and measure progress in plan implementation and progress in reaching the SiMR internally via a team process. External support is an additional resource the state has identified to assist in developing methods of ongoing evaluation as well as for analyzing a wide variety of data to measure both implementation progress as well as progress towards reaching the SiMR are national TA partners at IDC and DaSY.

For additional information on inputs, outputs, and short and long-term objectives, see logic models by infrastructure area in Section I of this report, “*SSIP Action Plan for Implementing Infrastructure Changes: Resources Needed and Expected Outcomes*,” pp. 10-14. For information on timelines and key milestones of implementation, see Appendix 2: *Timelines for Implementation and Scale Up*.



## Aligning Evaluation Methods to the Theory of Action and Other SSIP Components

The First Connections Theory of Action graphic representation developed in Phase I illustrates the interrelated nature of four broad improvement areas (based on the infrastructure areas) to visually represent how implementation of coherent improvement strategies in each of four broad areas will produce meaningful change in the Part C program to reach the SiMR (larger middle circle) to ultimately improve outcomes for infants and toddlers (smaller inner circle) that will result from improvements in helping families incorporate learning strategies into the child's and family's typical activities. For each broad improvement area, the graphic also presents a key improvement strategy and anticipated goals or results in color-coordinated boxes on the outskirts of each sector:



## Testing the Theory of Action

The First Connections Theory of Action graphic representation developed in Phase I includes an "if/then" statement for each broad improvement area. These "if/then" statements can be used to internally evaluate if the anticipated result has or has not occurred. Additional evaluation questions that test the Theory of Action align with the four broad improvement areas represented in the ToA diagram and pose questions to test the effectiveness of improvement activities in each area:

## First Connections' Evaluation Plan – ToA Area: Knowledge

Key State improvement plans, initiatives, agencies, or organizations that align with this improvement area:

- EI Summit
- Project Connect
- New PTI
- Medicaid reform goals

Possible questions	Measures	Data Collection Methods
Have referrals from certain agencies or groups increased?	<ul style="list-style-type: none"> <li>▪ Referral data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report on referral data can be pulled from the CDS and analyzed bi-annually or quarterly to measure progress.</li> </ul>
Are referring agencies explaining the referral to parents in a way that accurately reflects the First Connections program? Have families understanding of their role as partners in early intervention changed as a result?	<ul style="list-style-type: none"> <li>▪ Online survey of referral sources.</li> <li>▪ Family interviews</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual or bi-annual online survey of referral sources can be done through Survey Monkey.</li> <li>▪ Family interviews can be conducted by phone or in person by the regional service coordinator making initial contact with families newly referred. A baseline can be obtained by conducting interviews prior to “remarketing the program” with referral sources and that data can be compared to interview data gathered during implementation of these strategies, and again post implementation.</li> </ul>
What new partnerships were developed and how did collaboration change?	<ul style="list-style-type: none"> <li>▪ Inter and Intra Agency agreements, joint policy statements or other joint publications, and MOUs</li> <li>▪ Sign in sheets from team meetings</li> <li>▪ Use of an existing tool to measure engagement/collaboration such as methods outlined in <i>Leading by Convening</i> or use of the <i>Level of Collaboration Scale</i>; Frey, Lohmeier, Lee &amp; Tollefson (2006). Comparisons made over time to measure improved/deepening levels of engagement in the shared work.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existence of agreements, joint publications, or MOUs</li> <li>▪ Collect sign in sheets from team meetings and assess which new partners have joined, which partners routinely attend, etc.</li> <li>▪ Participating partners self-assess (either at meetings or online survey) their perceived level of engagement.</li> </ul>

## First Connections' Evaluation Plan – ToA Area: Training

Key State improvement plans, initiatives, agencies, or organizations that align with this improvement area:

- New PTI
- DCCECE Initiatives: Professional Development Steering Committee and Family Engagement Guide

Possible questions	Measures	Data Collection Methods
How did direct service providers' attitudes and beliefs around their ability to implement EBPs change as a result of training, coaching, and mentoring strategies / activities?	<ul style="list-style-type: none"> <li>▪ pre and post assessment</li> <li>▪ NE Principles, DEC RP self assessment, or FGRBI Key Indicators for self-assessment</li> </ul>	<ul style="list-style-type: none"> <li>▪ paper survey completed by participants prior to any training and then after face-to-face PD and TA activities and/or at set intervals.</li> <li>▪ Team selects one self-assessment tool for providers to complete (online or in person at a training or focus group meeting) at key implementation intervals to assess changing attitudes and beliefs.</li> </ul>
Are providers implementing EBPs as a result of the training, coaching and mentoring strategies/activities?	<ul style="list-style-type: none"> <li>▪ survey of families receiving EBPs from providers at target sites</li> <li>▪ provider video portfolio</li> <li>▪ coaches' checklists/assessments and notes</li> </ul>	<ul style="list-style-type: none"> <li>▪ online survey of families receiving EBPs from providers at target sites</li> <li>▪ providers upload video sessions to online database</li> <li>▪ coaches submit notes/checklists or other assessments at coaches' meetings</li> </ul>
Are families and other caregivers demonstrating increased participation/engagement in early intervention to help their child develop and learn.	<ul style="list-style-type: none"> <li>▪ survey of families receiving EBPs from providers at target sites</li> <li>▪ provider video portfolio</li> <li>▪ coaches' checklists/assessments and notes</li> </ul>	<ul style="list-style-type: none"> <li>▪ online survey of families receiving EBPs from providers at target sites</li> <li>▪ providers upload video sessions to online database</li> <li>▪ coaches submit notes/checklists or other assessments at coaches' meetings</li> </ul>
Are more children being served in their natural environment?	Natural environment data	Natural environment data can be analyzed for the target group over time (pre implementation, during implementation, and post implementation). Data from the target group (implementation team) can be compared to data on NE from the non-implementing providers.
What was the most significant change as reported by providers?	Post implementation reflection interview using the following questions: 1. What is working? 2. What is tough? 3. What has been the most significant change in my practice methods so far?	Online survey, phone interview, or paper interview of all participants in target group (and later cohort groups)

## First Connections' Evaluation Plan – ToA Area: Quality Assurance/Monitoring

Key State improvement plans, initiatives, agencies, or organizations that align with this improvement area:

- DCCECE Initiatives: Early Learning Standards and Family Engagement Guide
- AICC call for results-driven accountability
- Medicaid reform goals

Possible questions	Measures	Data Collection Methods
Are we monitoring what we're implementing? Are priority areas, rankings, and visit protocol for Focused Monitoring aligned to improvement strategies to reach the SiMR?	Checklist for PD Leadership Team to complete to rank closeness of alignment to initiative goals, SiMR, and key improvement strategies	PD Leadership Team members who shared the work of planning implementation and scale up will be provided monitoring tools/documents and a checklist to assess closeness of alignment with initiative goals, the SiMR, and key improvement strategies in year 3.
What is working? What are some positive impacts? What, if any, barriers?	<ul style="list-style-type: none"> <li>▪ Interviews</li> <li>▪ Comparisons of QA Monitoring Visit data on target sites pre and post training and implementation</li> <li>▪ Provider data comparisons pre and post training and implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus group meetings with target group.</li> <li>▪ Phone interviews with providers in target group.</li> <li>▪ QA/Monitoring information and provider data "over time" from pre-training/implementation, during, and post.</li> </ul>
Are families receiving support from EI professionals to enable them to help their child develop and learn?	<ul style="list-style-type: none"> <li>▪ Parent interviews</li> <li>▪ Use of a rating tool like <i>The Early Intervention Parenting Self-Efficacy Scale (EIPSES)</i>, 2008.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Phone interviews with parents who received EBP from implementation teams (bi-annually or annually)</li> <li>▪ Parents who received EBPs from implementation teams complete the EIPSES as part of their child's annual IFSP review.</li> </ul>

## First Connections' Evaluation Plan – ToA Area: Policy

Key State improvement plans, initiatives, agencies, or organizations that align with this improvement area:

- Medicaid and DHS/DDS reform goals
- AICC call for results-driven accountability
- DCCECE Initiatives: Early Learning Standards and Family Engagement Guide

Possible questions	Measures	Data Collection Methods
Did changing annual professional development requirements for all Part C providers to require a specified number of hours of training annually on topics related to EBPs for 0-3 learners increase the number of direct service providers who attend ongoing PD through the Part C Program? Did the ongoing PD produce a change in provider practice?	<ul style="list-style-type: none"> <li>▪ PD documentation in CDS</li> <li>▪ Sign in sheets from ongoing PD offerings</li> <li>▪ Pre and post training self-assessment</li> <li>▪ NE data</li> <li>▪ IFSP OAT ratings</li> </ul>	<ul style="list-style-type: none"> <li>▪ PD documentation in the CDS can be analyzed to determine if EI professionals are attending the required ongoing PD. And/or sign-in sheets pre-requirement change and post requirement can be compared to determine if more EI professionals are attending ongoing PD and if direct service providers are attending.</li> <li>▪ Provider completes a self-assessment tool prior to PD and after PD at annual ongoing PD workshops. Pre and post data is compared.</li> <li>▪ NE data can be pulled from the CDS system to see if providers are changing their practice of seeing children in outpatient clinic services.</li> <li>▪ The IFSP-OAT tool can be used to measure improvement in the quality of IFSPs biannually.</li> </ul>
What existing program policy fails to support this initiative fully?  What existing forms/publications or documents do not align with this initiative?	Focus group and interviews	Focus group with stakeholders and target group (implementation team) with phone interviews of members unable to participate.
What policies outside of this program might impact this initiative?	<i>Same as above</i>	<i>Same as above</i>
Are revised forms, policies, and procedures more “family friendly” and more useful in assisting families to advocate for their child?	Focus group that include parents and parent center representatives	Focus group including parents and parent center representatives provide input and feedback and rate revised materials to determine level of success and to recommend changes.

## ***Collecting Data to Measure Progress***

Questions considered when developing an evaluation logic model included a breakdown of intended outcomes into short-term, intermediate, and long-term outcomes as well as consideration of:

- What data sources are already available?
- What new sources of data might be needed to measure progress in implementation?
- What other data could be gathered, collected, and analyzed using existing personnel?
- When and how will other sources of data be collected and analyzed?

## ***Evaluating and Measuring Progress: Logic Model for Evaluation***

outcomes		
short-term	intermediate	long-term
<ul style="list-style-type: none"><li>▪ Identification of target (first cohort group).</li><li>▪ Master cadre of external coaches formed.</li><li>▪ External and internal coaches trained: target group demonstrates increased understanding and knowledge of routines-based intervention and DEC RPs.</li><li>▪ Target group demonstrates increased knowledge and skills of caregiver coaching and begins implementation of DEC RPs to support caregivers through coaching.</li><li>▪ Increased percentage of children (in target group) served in the natural environment.</li></ul>	<ul style="list-style-type: none"><li>▪ Increase in parent involvement/active participation in early intervention (families of target group).</li><li>▪ Increase in self-reported self-efficacy (families of target group).</li><li>▪ Increased number of coaches and implementation teams (additional cohort groups).</li><li>▪ Increased % of EI providers proficient in using EBPs with fidelity.</li></ul>	<ul style="list-style-type: none"><li>▪ Higher quality of practice by early intervention professionals.</li><li>▪ Higher quality of IFSP (functional child outcomes).</li><li>▪ Improved outcomes for families.</li><li>▪ Improved outcomes for infants and toddlers with disabilities.</li></ul>

## ***Collecting and Analyzing Data to Evaluate Infrastructure Change, Implementation, and Outcomes***

***Infrastructure Change:*** The PD Leadership Team convened to complete ECTA Frameworks in priority infrastructure areas of Professional Development and Accountability to assess state-wide strengths and needs. Using these tools, PD Leadership Team members will meet in Phase III to select priority areas and draft a plan. Based on the plan drafted, sub-groups of the PD Leadership Team will work on various aspects of the plan under a team leader for each specific workgroup and report back to the group as a whole. Timelines and team leads will be established in Phase III work. Ongoing progress in infrastructure change can be measured using the Framework Assessment and measuring progress on the action plan.

***Implementation:*** First Connections will collect evidence of implementation along the way. For example, in Phase II, implementation data collected include: Unlimited Potential Initiative invite to practitioners, applications received, application scoring rubric, interviews notes and CSPD self-assessment notes, and signed Memorandums of Understanding with selected first cohort sites. As implementation continues, ongoing implementation data will be collected. Benchmarks of Quality for Home Visiting and for Classroom will be used by practitioners in the first cohort group to create action plans.

***Outcomes:*** First Connections will determine progress towards reaching the SiMR to improve outcomes for children with special learning needs and their families by assessing sources of information in addition to 4c family outcome data: practitioner video portfolios, family interviews, family home visit rating tool, and coaches' checklists.

### ***Using Data to Examine Effectiveness of Implementation***

Various sources of data will be reviewed at regular intervals by participating groups:

Reviewed Annually or Bi-Annually	How Data is Collected (Source)	Reviewed Quarterly	How Data is Collected (Source)
<b>4c Family Outcomes data</b> <u>Reviewed by CoP, Core SSIP Team, PD Leadership Team</u>  <i>Results disseminated to the AICC and SSIP Stakeholder</i>	Family survey (mail and online). Results entered into CDS. Annual data pull	<b>Family Home Visit Ratings and EIPSES [or other tool] Ratings and Family Interview data</b>  <u>Reviewed by the CoP, Core SSIP Team, PD Leadership</u>	1-page rating page signed/dated by family to document service delivery/provider home visit. Uploaded into CDS. Can be accessed at any time remotely.

<i>Group</i>		<u>Team</u>  <i>Results disseminated to the AICC and SSIP Stakeholder Group</i>	Providers bring to quarterly CoP meeting
<b>Child Outcomes Summary data and NE data</b>  <u>Reviewed by CoP, Core SSIP Team, SSIP Stakeholder Group, PD Leadership Team</u>  <i>Results disseminated to the AICC and the Part C network of programs/providers</i>	Annual data pull from CDS		
<b>QA/Monitoring Results</b>  <u>Reviewed by the Core SSIP Team, SSIP Stakeholder Group</u>  <i>Results disseminated to the AICC and PD Leadership Team</i>	Results of site visits are available after site visits take place. Results of remote monitoring are available after the monitoring takes place.	<b>IFSP OAT ratings</b>  <u>Reviewed by the CoP, Core SSIP Team, and SSIP Stakeholder Group</u>  <i>Results disseminated to the AICC and PD Leadership Team</i>	Quality rating tool can be used remotely to assess quality of IFSPs in the CDS data system.
<b>[bi-annual] Provider Portfolios</b>  <u>Reviewed by the CoP and Core SSIP Team</u>  <i>Results disseminated to the AICC, SSIP Stakeholder Group, and PD Leadership Team</i>	Video assessment results from provider portfolios can be submitted by external coaches. Video self-assessment results can be submitted by providers. Both submitted at 1 <sup>st</sup> and 3 <sup>rd</sup> quarterly CoP meeting for review/analysis.	<b>Other provider data</b> (self-assessment, pre/post training assessments, and coaches' notes)  <u>Reviewed by CoP and Core SSIP Team</u>  <i>Results disseminated to AICC, SSIP Stakeholder Group, and PD Leadership Team</i>	Pre/post training assessment can be gathered at quarterly team trainings. Self-assessment and coaches notes (part of the provider portfolios) can be brought to quarterly CoP meetings for review/analysis.



If the State's evaluation process is based upon a sample of the target infants and toddlers with disabilities and their families, how will Initial implementation with the first cohort group be a phasing in of practices, not a sampling. To ensure that the group of families upon which data will be collected (infants and toddlers and their families receiving the EBPs or coherent improvement strategies) is representative of Arkansas' demographics, the initial cohort consists of providers/programs from different parts of the state and the children and families represent all demographics and disability types.

Initial implementation will begin with the initial cohort or target group (the Unlimited Potential or UP sites). The evaluation process will look at all infants and toddlers with disabilities and their families within the target group receiving the EBPs. Comparisons between the families and children receiving the EBPs and those outside of the target group will be analyzed to determine if the improvement strategies (implementing EBPs and supporting EI professionals in implementing with fidelity) are effective in changing provider practice, changing the way caregivers engage, improving IFSP quality, improving family outcomes, and ultimately improving child outcomes.

### ***Evaluating Effectiveness of TA/PD***

The State can formatively evaluate whether or not training activities (PD and TA) are happening and whether or not the strategic improvement activities are happening according to timelines by collecting sign in sheets and attendee training evaluations where they self-report the perceived value of the training. In addition, the use of external coaches and internal coaches will address needs identified and tailored to the individual participants. Practice-based coaching intended to provide support at this level has shown to be an effective strategy for changing practice.

The State will go beyond simple documentation of whether or not training and/or TA happened (by collecting sign-in sheets) and whether attendees report that the training benefited them (by collecting anonymous surveys about the training activity). To evaluate the effectiveness of TA and/or PD in changing provider practice, provider portfolios can be utilized. Provider portfolios that include video samples of a provider's work at certain intervals can demonstrate change in practice and also be useful for practitioner self-assessment and for coaching and TA. A simple tool or rubric for "grading" the video samples can be developed with input from internal and external coaches of the CoP as well as input from stakeholders on the PD Leadership Team. Use of a rubric or grading tool/checklist aligned with the DEC RPs would standardize the assessment process and practice.

An additional method of assessing change in practice is to collect IFSP quality ratings using the IFSP-OAT tool via remote monitoring of IFSPs on the data system and to compare quality ratings at select intervals to measure improvement in the functionality of IFSP goals and objectives.

To determine if family outcomes improved as a result of the training, multiple sources of data can be used:

- **Family Home Visit Ratings**
- **Family Interview Data**
- **Family self-assessment rating (tool like the EIPSES, or other)**
- **4c Family Outcomes Data**

Family Home Visit Ratings can be gathered from family members and other family-identified caregivers participating in the child's early intervention. The tool would allow the adult caregiver to rate key elements of the visit aligned with best practices for family engagement and interaction, such as, "provider welcomed my questions" or questions aligned with the SiMR specifically, such as, "the provider worked with me to help me implement strategies to help my child learn." The questionnaires could be very brief (5-10 questions) with a space for participating caregiver to sign and date and be required for payment for any home (or community) EI visit. The ability to gather and analyze this data frequently could be a useful measure of practice change.

Family Interview Data could be gathered by Quality Assurance Monitors who select a representative group of families to phone (from all of the families who received EBPs from providers in the target group, the implementation team) to ensure that providers were working with families to support the family's ability to implement intervention strategies within typical child and family activities.

Family self-assessment ratings using a tool like the EIPSES (or another similar tool) and Family Interview Data could be gathered from families as part of their exit conference when their child transitions out of Part C, or completed as an online survey or paper survey as part of their annual IFSP review meeting.

A summative evaluation to assist the State and SSIP Stakeholder groups in analyzing if the carried out activities were responsible for changes to reach the SiMR could be accomplished, in part, by comparing the differences in Child Outcomes Data and the Family Outcomes Data between the target group and the non-implementing sites. Such an analysis might demonstrate that child outcomes and/or family outcomes improved in the target group. If so, the State and SSIP Stakeholder groups would have to look at all available data and information to analyze whether the TA/PD changed provider practice and, if yes, whether the change in provider practice improved child and/or family outcomes in the target group. Analyzing annual Child Outcomes Data and annual Family Outcomes Data would not provide frequent opportunities to assess change or the ability to use this data to make rapid adjustments, if change in practice is not occurring, but the ability to compare the Child Outcomes Data and the Family Outcomes Data of the implementing sites (target group) with that of the non-implementing sites and comparing improvement in this data over time within the target group (implementation team) would provide another method of assessing change in practice.

In order to support continuous improvement, it is important to recognize that evaluation is not a one-time event. The state intends that these same evaluation strategies be used on an ongoing basis to determine effectiveness, make adjustments to TA, and identify ongoing needs for support and additional training. The nature of the cohort work, working in partnership with the demonstration sites, will provide valuable information to support implementation with fidelity.

### ***Collecting Data to Measure Progress towards Reaching the SiMR***

A program strength is the First Connections' state-wide Comprehensive Data System (CDS). The data system is designed to collect program data. The quantitative data is aligned with program performance and compliance indicators. Quantitative data directly related to the SiMR would include Family Outcomes data and Child Outcomes data. Other data that is indirectly linked to the SiMR can also be gathered from the data system, such as Natural Environment data. This data from the target group (UP Sites) can be compared to the same data from programs outside the target group to determine if the strategies employed with the target group are resulting in change to reach the SiMR.

The CDS can be used by Quality Assurance Monitors and other members of the Core SSIP Team for remote monitoring. Remote monitoring of IFSPs to assess quality of the IFSP using the IFSP Outcome Assessment Tool (IFSP OAT) yield a numeric "rating" of quality based on functionality of child outcomes and objectives. The program believes that when IFSP quality (functionality) improves, then other improvements will result, such as parents and other caregivers being able to use the IFSP to implement intervention strategies within typical child and family activities (and when this happens, child outcomes improve). IFSP OAT ratings can be obtained via remote IFSP monitoring in the CDS to:

- (1) Measure improvement in the quality (functionality) of IFSPs among members of the implementation teams (target group) baseline rating vs. periodic ratings
- (2) Measure whether (or not) improvement in the functionality of IFSPs results in improved family outcomes and improved child outcomes in the target group
- (3) Compare changes in these three variables (IFSP functionality, child outcomes, family outcomes) among target group and programs outside of the target

A strength of the data system is features that allow for some data reports to be generated by administrative staff for frequent review. A system limitation is that certain data is "pulled" by the developer and is only accessible to the program for review annually. However, quantitative data from the CDS is not the only data that can be used to measure progress. Data to assess things that can't easily be numerically measured, like change in practice and "quality" can be gathered. Types of qualitative data that can be gathered from the target group include:

- Provider self-assessment data

- Pre/post training assessment
- Coaches' notes
- Provider portfolios
- Parent home visit ratings
- Parent self-assessment ratings
- Parent interview

Though this qualitative data gathered from the target group would not be useful in comparing the target group to programs outside of the target (because non implementing sites would not have this data available), a benefit of using qualitative data is that this information can be gathered and analyzed more frequently than certain types of quantitative data that can only be pulled from the system by the program developer. The ability to collect data frequently provides the Core SSIP Team and various stakeholder groups with opportunities to analyze and monitor progress in an ongoing fashion so that adjustments can be made quickly if implementation is not meeting goals *(for additional information on methods of measuring plan implementation, see logic model diagrams for each infrastructure area pp.10-15).*

## APPENDICES

### CONTENT OF APPENDICES:

**Appendix 1: *Stakeholder Representation / Phase II and Communication Strategies***

**Appendix 2: *Timelines for Implementation and Scale Up***

**Appendix 3: *Current State Initiatives, Programs, and Improvement Plans Affecting Our Youngest Learners and Their Families***

**Appendix 4: *Phase I Proposed Improvement Strategies by Infrastructure Area***

## Appendix 1: Stakeholder Representation/Phase II and Communication Strategies

### Core SSIP Team:

Part C Coordinator
National TA Partners
Part C Data Manager
Part C Quality Assurance, Monitoring, Certification
Part C Program Manager
Part C Prior Authorizations / Fiscal Unit Manager
Part C CSPD Unit Manager
Part C Regional Program Coordinator

### SSIP Stakeholders (formed during Phase 1) / Agencies Represented and Role:

AICC members	
Henderson State University	<i>Assistant Professors, Teachers College, Special Education Program</i>
University of Arkansas for Medical Sciences	<i>Young Child Wellness Specialist</i>
Parents	<i>Parents of young child with a disability</i>
Family2Family (Parent Advocacy and Parent Education Group)	<i>Director</i>
DHS: Division of Medical Services (Medicaid)	<i>(RN) Utilization Review Supervisor</i>
DHS: Division of Child and Family Services	<i>Specialized Services Unit Family Support/Specialized Services</i>
DHS: Division of Child Care and Early Child Education	<i>Program Manager</i>
DHS: Division of Behavioral Health Services	<i>(LCSW) Children's Treatment Coordinator Program Manager</i>
Arkansas Home Visiting Network	<i>Program Coordinator</i>
Part B / 619 (ECSE)	<i>619/Early Childhood Coordinator SSIP Coordinator</i>

DHS: Division of Developmental Disabilities Services, Title V	<i>Parent Consultant / Parent Advisory Council Registered Nurse/Nurse Manager CMS</i>
DHS: Division of Developmental Disabilities Services, Waiver Services	<i>Intake and Referral Coordinator</i>
Intervention Consultant	<i>Speech-Language Pathologist</i>
Part C providers	<i>Service Coordinators</i>
Part C direct service providers: KidSource Itty Bitty City Friendship Community Care HRS Associates	<i>Director and Developmental Therapist Director and Developmental Therapist Pediatric Services Executive Director</i>

State-wide Cross Sector Professional Development Leadership Team (agency and role):

Arkansas Department of Education, Special Education Unit	<i>Section 619 Coordinator Associate Director of Special Education</i>
Representative of Arkansas Early Childhood Commission's DCCECE State Professional Development Steering Committee	<i>Chairperson</i>
Arkansas Department of Health	<i>WIC Nutrition Education Coordinator WIC Nutrition Education Coordinator</i>
Representative of LAUNCH	<i>State Partner Principal Investigator</i>
Representative of AAIMH	<i>Research Associate</i>
Henderson State University Teachers College / Special Education Program	<i>Associate Professor Associate Professor</i>
University of Arkansas for Medical Sciences, Dept. of Family & Preventative Medicine	<i>Associate Professor UAMS College of Medicine</i>
Dennis Developmental Center	<i>Pediatric Psychologist UAMS DOP</i>
Representatives of NEST (as consultants)	<i>Postdoctoral Fellow Assistant Professor University of Arkansas for Medical Sciences Child Study Center and Psychiatric Research Institute</i>
University of Arkansas (Little Rock) MidSOUTH	<i>Nurturing Families of Arkansas (MidSOUTH grant)</i>

University of Arkansas for Medical Sciences (preschool health grant)	<i>Project Manager/FASD Consultant</i>
DHS: Division of Medical Services (Medicaid)	<i>Assistant Chief Program Administrator</i>
Project Play Representative	<i>Project Coordinator for the Family Map Inventories at UAMS Community Research Group</i>
University of Arkansas / Welcome the Children	<i>Project Director</i>
Arkansas State University at Jonesboro / AR Early Childhood Professional Development Center	<i>Training/Coaching for Better Beginnings</i>
Arkansas School for the Deaf	<i>Outreach Coordinator</i>
Department of Health, (EHDI)	<i>Infant Hearing Program Manager</i>
Arkansas State University / Traveling Arkansas Professional Pathways (TAPP) Registry	<i>Program Specialist / Marketing / Training</i>
Arkansas Zero to Three, Safe Babies Court Team Pilot	<i>Community Coordinator</i>
Minority Health Commission	<i>Medical Director</i>
University of Arkansas / Partners for Inclusive Communities	<i>Executive Director</i>
Head Start	<i>Head Start Collaboration Director</i>
DHS: Division of Developmental Disabilities Services / Title V	<i>Title V Program Administrator</i>
The Center for Exceptional Families (PTI)	<i>Regional Coordinator</i>
University of Arkansas for Medical Sciences Department of Pediatrics	<i>Following Baby Back Home Program Director</i>
DHS: Division of Child Care and Early Childhood Education	<i>Better Beginnings Program &amp; Professional Development Administrator</i>
Arkansas' Home Visiting Network / HIPPY	<i>MIECHV Director, AR State HIPPY office HIPPY Arkansas State Manager</i>
University of Arkansas / Partners for Inclusive Communities, Arkansas Autism Partnership (Autism Waiver)	<i>Director</i>
ASD Research Grant/ AIG Grant /	<i>University of Arkansas Curriculum and Instructor and Act</i>



Project CONNECT	<i>Early Ambassador for CDC</i>
DHS: Division of Child and Family Services	<i>DCFS/Part C Liaison</i>
Arkansas Department of Education – Special Education Unit	<i>Family Consultant for the Arkansas Children and Youth with Dual Sensory Impairments Program (CAYSI)</i>
DHS: Division of Developmental Disabilities Services	<i>DDS Early Childhood Administrator</i>
LEAs: <ul style="list-style-type: none"> <li>▪ Arkansas River Cooperative</li> <li>▪ Southwest Cooperative</li> <li>▪ Pulaski County Special School District</li> <li>▪ Guy Fenter Education Service Co-op</li> </ul>	<i>Early Childhood Coordinators</i>
Mississippi County Ar. EOC Migrant Head Start Center / Blytheville	<i>Center Coordinator</i>
Arkansas State University / Better Beginnings	<i>ASU Childhood Services</i>
University of Arkansas Cooperative Extension	<i>Program Coordinator</i>
DHS: Division of Medical Services (Medicaid), Behavioral Health Unit	<i>Program Manager DMS, Behavioral Health Unit</i>
University of Arkansas at Little Rock, William H. Bowen School of Law	<i>Mediation Program Coordinator</i>
DHS: Division of Child and Family Services	<i>Arkansas Educational Liaison</i>
Arkansas Transition Services	<i>Coordinator</i>
Arkansas State University / Out of School Network	<i>Out of School Time Quality Supports Program Coordinator</i>
Representative of REACH	<i>Research Associate UAMS - Department of Family and Preventive Medicine</i>
DHS: Division of Child Care and Early Childhood Education	<i>Infant/Toddler Coordinator</i>
Arkansas' CEC	<i>Arkansas' CEC member and Easter Seals Outreach</i>

[Part C Family Outcomes Team \(part of Cross-State Learning Collaborative\):](#)

Henderson State University Teachers College / Special Education Program	<i>Associate Professor</i> <i>Associate Professor</i>
Parent of a toddler with special learning needs	<i>parent representative</i>
Part C Administrative Staff	<i>Part C Coordinator</i> <i>Part C Data Manager</i> <i>Part C Quality Assurance, Monitoring, Certification</i> <i>Part C CSPD Unit Manager</i>

[Representation on the Arkansas Inter-Agency Coordinating Council \(AICC\)](#)

Provider Payment Agency
DCFS Payment Agency
0-5 Provider
General Assembly Member
DHS/DDS Asst. Director, Children's Service
Insurance Governance
Parents of children with a disability
AR School for Deaf Outreach
Counseling Associates Family Support
AR Dept. of Health/Infant Hearing
Parent of a child with a disability
McKinney-Vento Coordinator
DHS Personnel Preparation
0-5 Provider
DHS: DMS (Medicaid)
DHS: Division of Child Care and Early Childhood Education

### *Communication Strategies the State Will Use to Implement the Plan*

The plan for communication for each group is as follows:

involved group	method of communication	schedule
Part C administrative staff (Core SSIP Team)	NING state workspace e-mail Staff planning Web meetings	always available as needed bi-weekly Mondays at 10:00
National TA partners	e-mail Planning calls Coaches Calls (see below)	as needed bi-monthly beginning Jan 2016 monthly
PD Leadership Team	Google Site/workspace e-mail meeting reminders with agenda Meetings (Web and face to face) e-mail minutes and materials	always available bi-monthly a few days prior bi-monthly bi-monthly after meetings
SSIP Stakeholders	e-mail meeting reminders with agenda Meetings (Web and face to face) e-mail minutes and materials SSIP Update Newsletter	quarterly a few days prior quarterly quarterly after meetings quarterly
AICC	Face to face meetings Electronic action item sheet (e-mail) SSIP Update Newsletter	quarterly as needed quarterly
Implementation Teams (UP Sites)	Wiki online workspace Training Coaches Calls UP Newsletter	always available quarterly monthly quarterly
External Coaches (master cadre)	Wiki online workspace	always available

	Training Coaches' Calls UP Newsletter	quarterly monthly quarterly
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## Appendix 2: Timelines for Implementation and Scale Up

Timelines for strategies the state will use to support practitioners in implementing EBPs to improve child and family outcomes are listed in the table below. Key milestones of implementation are in bold.

Changes to build capacity and to support EI programs and providers in implementing EBPs to improve child and family outcomes:	Timeline
Draft of Parent Participation Agreement created with EI Provider Focus Group input	October 2014
Arkansas' Part C Policy & Procedures fully approved by OSEP	April 2015
AICC Approves Finalized Parent Participation Agreement	July 2015
Garner additional support for improvement planning by sharing 2015 Determination, overview of data and identified issues, and summary of SSIP proposed improvement strategies to AICC, Part C Providers, Part C staff, stakeholders (workshops, Webinars, newsletters)	July-August 2015
Part C and Part B/619 joint book study of <i>Leading by Convening</i> to change the way we work together and the ways in which we approach stakeholder engagement. Formation of Early Childhood Partnership (both agencies)	July-August 2015
Early Childhood Partnership identifies representatives of agencies, initiatives, programs, and organizations serving families of children 0-5 to invite to partner (as member of State-Wide, Cross Sector PD Leadership Team)	June-July 2015
Convene State-Wide, Cross Sector PD Leadership Team	Orientation Web Meeting: 8/19/2015 Workday to establish shared vision: 9/1/2015
Determine EBPs to implement	October 2014
Determine method of selecting the target group of EI practitioners with whom to begin implementation. Develop application, application scoring rubric, application review panel for selecting target group (Unlimited Potential, or UP sites)	Feb 2015
Distribute UP application packet to all Part C providers	March 2015
Interview UP applicants / Enter into MOU	July 2015

Divide applicants based on application scores into 1 <sup>st</sup> and 2 <sup>nd</sup> cohort groups	July 2015
1 <sup>st</sup> and 2 <sup>nd</sup> cohort groups self-assess CSPD needs	July 2015
Orientation for 1 <sup>st</sup> and 2 <sup>nd</sup> cohort groups	October 13, 2015
PD Leadership Team identifies supports needed for target group to begin implementation of EBPs	Nov 2015-March 2016
PD Leadership Team identifies core competencies of trainers/coaches in master cadre	Nov 2015-March 2016
PD Leadership Team, SSIP Stakeholders, AICC, and Core SSIP Team identifies core competencies of EI providers	Nov 2015-March 2016
PD Leadership Team defines/identifies coaching support (master cadre of trainers) and develops application, application scoring rubric, application review panel.	Jan 2016-July 2016
Determine methods of measuring progress in implementation of EBPs with target group	June 2015-July 2016
Determine methods of measuring progress in SSIP plan implementation	June 2015-March 2016 <i>(with ongoing assessment / possible adjustment)</i>
Begin using Parent Participation Agreement as a required part of intake	January 1, 2016
Voucher Agreement revised, approved, and implemented	June 2016
Create manual / EI guidelines for target group, define Home Visit / Parent Coaching Quality Indicators, create coaching/home visit checklist for coaches	July 2016
<b>Begin training of external coaches (master cadre) and internal coaches (1<sup>st</sup> cohort/target group)</b>	August 2016
<b>Begin implementation of EBPs with 1<sup>st</sup> cohort (target group)</b>	August 2016
Ongoing training and coaching of 1 <sup>st</sup> cohort (target group) and external coaches (master cadre)	Sept 2016-December 2017
Home Visit Family Rating tool developed and approved	June 2016-July 2016
Home Visit Family Rating tool developed and approved, and in use with families involved with 1 <sup>st</sup> cohort group to measure EI's effectiveness in helping the parent promote child learning within typical activities	Aug 2016-December 2017

<b>Begin training 2<sup>nd</sup> cohort group (target group expanding)</b>	January 2018
<b>Begin implementation of EBPs with 2<sup>nd</sup> cohort (target group)</b>	January 2018
Ongoing training and coaching of 2 <sup>nd</sup> cohort (target group) and external coaches (master cadre)	February 2018-July 2019
Family Rating tool in use with families involved with 2 <sup>nd</sup> cohort group to measure EI's effectiveness in helping the parent promote child learning within typical activities	April 2018-July 2019
Policy, guidelines, forms, voucher agreements, and monitoring tools all reflect a family-guided, routines-based intervention model	June 2019
<b>Begin training 3<sup>rd</sup> cohort group (target group expanding)</b>	January 2020
<b>Begin implementation of EBPs with 3<sup>rd</sup> cohort (target group)</b>	January 2020
Ongoing training and coaching of 3 <sup>rd</sup> cohort (target group) and external coaches (master cadre)	February 2020-July 2021
Family Rating tool in use with families involved with 3 <sup>rd</sup> cohort group to measure EI's effectiveness in helping the parent promote child learning within typical activities	April 2020-July 2021

### ***Appendix 3: Current State Initiatives, Programs, and Improvement Plans Affecting Arkansas' Youngest Learners and Their Families***

AAIMH (Arkansas Association for Infant Mental Health) – professional and community organization with monthly meetings for members and non-members which seek to improve inter-agency collaboration to better serve families of young children and to educate parents, the public, and professionals of the importance of healthy social emotional development of young learners. AAIMH conducts an annual conference with nationally known speakers on topics of interest in behavioral health and how it impacts our youngest learners. AAIMH membership includes professionals from various disciplines (e.g. Part C, early childhood educators, mental health providers, protective service workers, officers of the court, CASA, etc.) as well as parents/foster parents.

ABC (Arkansas Better Chance) – Arkansas was one of thirteen states awarded a preschool expansion grant to expand and improve the State's pre-kindergarten program called Arkansas Better Chance (ABC) through the Department of Human Services' Division of Child Care and Early Childhood Education (DCCECE). The expansion is designed to improve services for roughly 1,670 children per year in the state and add 2,240 new pre-kindergarten slots in Arkansas. The Preschool Development/Expansion Grant is administered by the U.S. Departments of Education and Health and Human Services over four years and will improve and expand pre-kindergarten services in 10 of the State's highest-need, most underserved counties: Craighead, Crittenden, Jefferson, Lonoke, Miller, Pulaski, St. Francis, Searcy, Union, and Washington Counties.

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES (ADD) CORE GRANT – the administrative grant that establishes Partners for Inclusive Communities as the University Center for Excellence on Developmental Disabilities (UCEDD) for Arkansas. It allows for a broad collection of activities in areas of training, technical assistance, service, research, and information sharing, with a focus on building the capacity of communities to sustain all their citizens. **Partners for Inclusive Communities** achieves its mission “To support individuals with disabilities and families of children with disabilities to fully and meaningfully participate in community life, effect systems change, prevent disabilities and promote healthy lifestyles” by assessing the needs of individuals with disabilities and addressing those needs through research, education, community service, and collecting and sharing information. Collaborative partnerships are developed with local and state organizations to assist people with disabilities to become fully included in their communities. Partners offers community-based training and technical assistance. Partners is involved in multiple efforts to promote collaboration and improvements in the current service delivery system and to work toward full inclusion of people with disabilities in community and statewide programs.

ARKANSAS AUTISM AND DEVELOPMENTAL DISABILITIES MONITORING (AR-ADDM) – tracks the number and characteristics of children with ASD and other developmental



disabilities as part of the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. AR-ADDM is an ADDM Network site in collaboration with the Arkansas Department of Health and investigators from the University of Arkansas for Medical Services (UAMS) and partners with state programs, agencies, and organizations serving children with developmental disabilities and their families. The program collects data to track the number of 8-year-old children with ASD, intellectual disability, or both, age at diagnosis, age at evaluation, and special education services received. This program also contributes information on the characteristics of children with ASD and on factors that put children at risk. AR-ADDM data can be used to promote early identification, plan for training and service needs, guide research, and inform policy. AR-ADDM staff provide training to physicians and staff in medical grand rounds, co-sponsor educational events for families and educators, and collaborate on developmental disabilities awareness events. AR-ADDM's investigators provide leadership in federal, state, and local programs offering training on diagnosis and management of ASD, including Autism Treatment Network, Community-Based Autism Liaison and Treatment (CoBALT), and Leadership Education in Neurodevelopmental Disabilities.

**ARKANSAS AUTISM PARTNERSHIP (AAP)** – The AAP is the Medicaid waiver program for young children with autism between the ages of 18 months and 7 years. Partners serves as the administrative agency for daily operation of the program statewide, via contractual arrangement with the Department of Human Services, Division of Developmental Disabilities Services. This program will fund a team of professionals and paraprofessionals to evaluate eligible children and provide one-on-one intervention in their homes for a minimum of 20 hours and a maximum of 30 hours per week. This team uses individualized strategies that have been proven effective with children with autism in building their skills in areas of cognition, communication, self-care, socialization and appropriate behavior. Parents are trained and included as members of the team.

**ARKANSAS DISABILITY AND HEALTH PROGRAM** – The Arkansas Disability and Health Program is one of 16 state projects funded by the National Center on Birth Defects and Disabilities of the Centers for Disease Control and Prevention (CDC) in Atlanta GA. The goals of this project are to promote good health of Arkansans with disabilities, to increase access to health care for persons with disabilities, and to identify interventions to reduce or eliminate secondary conditions.

**ARKANSAS' EARLY LEARNING STANDARDS** – Still in draft format, the ELS will replace the Arkansas Infant and Toddler Frameworks. The standards provide guidance to professionals working with children 0-5.

**ARKANSAS' FAMILY ENGAGEMENT GUIDE (FEG)** – a multi-agency effort with guidance from national TA partners and experts, FEG approved for all early childhood programs in the State. The FEG provides professionals working with children 0-7 an understanding of the importance of family involvement in children's early learning as well as specific strategies for promoting family engagement. FEG helps programs to recognize importance of family engagement as part of the system and more than just "parent conferences" and provides tips for

making families' active participation part of the program. Guide includes a self-assessment to help programs determine what they have/don't have in order to plan what it would take to improve family engagement programmatically. Part of a DCCECE initiative, training in using the guide and implementing the strategies will be offered in 10 locations across the state funded through a Kellogg grant (March 2016). AETN will be providing online recorded sessions and professionally made DVD recorded sessions which will be made available at 16 resource centers available for professionals to check out.

**ARKANSAS' FATHERHOOD AND FAMILY INITIATIVE / FATHERS ENGAGED AND EMPOWERED TO LEARN (FEEL)** – a program of Arkansas Head Start Association, FEEL seeks to promote strong father-child relationships that lead to positive learning outcomes and social-emotional development for young children. FEEL provides programs and services such as literacy courses, job training, and individual or group mentoring of parenting skills to assist fathers in being involved in their children's early learning by being actively present in their children's lives: in the classroom, spending time together reading and playing.

**ARKANSAS STATE UNIVERSITY CHILDHOOD SERVICES** – provides online and face-to-face courses, professional development, technical assistance, and coaching/mentoring to promote excellence in early childhood education (0-5). Courses like *Making First Experiences Count* (among many others) help EI and ECSE professionals understand the impact of first relationships and first experiences on brain growth and development. *Fundamentals of Effective Teaching* (FET) supports EI and ECSE practitioners working with children ages birth to five through a series of courses offered both face-to-face and online with follow up on-site coaching visits to help practitioners apply workshop concepts in their work with young learners. ASU Childhood Services also provides technical assistance to licensed child care programs and professional development for administrators, teachers, trainers, and families.

**AUTISM IMPLEMENTATION GRANT (AIG) AND AUTISM PLANNING GRANT** – The AIG assessed the landscape of early intervention in Arkansas to determine entry points into the system, ease of system navigation for families, patterns of referrals, average time from referral to IFSP or similar program plan. The grants' pilot project, *Giving Families a Voice, AR Early Intervention Pilot Project* collects data on children under the age of three suspected of having either ASD or developmental delay and the various entry points into the EI system with the ultimate goals of creating a single point of entry into early intervention for families of infants/toddlers and a universal data system that would enable the state to track children as they transition from program to program to better measure outcomes. These grants work in collaboration to provide training to EI professionals to address families' concerns about their child's development and/or suspected ASD. Collaboration with AIG enables 0-3 providers and service coordinators to provide autism-specific screening (M-CHAT) to all children by the second birthday and training in "next steps" for children who fail screenings to route families of children suspected of being affected by ASD to the appropriate early intervention supports to improve the early detection and support of children with ASD. Grant goals are to reduce the age at first ASD screening for children in Arkansas (all children screened by age 2) and to ensure that young

children with ASD concerns receive appropriate follow up and in-depth assessment so that families of children affected by autism spectrum disorder are routed to appropriate supportive services.

CANS and FAST –The Department of Human Services’ Division of Child and Family Services began training Family Service Workers in 2015 to use evidence-based screening tools to assess families’ strengths, needs, concerns, priorities, and preferred activities using the CANS and FAST instruments. Other program initiatives aligned with the CANS and FAST include DCFS staff trained to support caregivers by providing individualized parent coaching/mentoring to improve outcomes for families.

CHILDREN AND YOUTH WITH SENSORY IMPAIRMENTS (Arkansas’ Deafblind Program) – CAYSI serves children affected by dual sensory impairments and additional disabilities with a focus on promoting academic achievement and improving lives for children with dual sensory impairments through the education and collaboration of special and regular educators, families, early intervention providers, specialists, and paraprofessionals.

CENTER FOR EXCEPTIONAL FAMILIES – Arkansas’ new PTI with a mission is to “promote exceptional quality of life for individuals with disabilities and provide a caring heart for families.” Organized into seven regions, regional PTI coordinators not only provide support to parents of children with disabilities, but also network with other organizations and agencies who work with this population and provide regional trainings.

CHILD CARE AWARE – Child Care Aware is contracted through DCCECE to provide technical assistance and professional development to child care providers and families across the state. Six regional Child Care Resource and Referral Agencies provide individualized assistance to families and practitioners in each region.

CIR/CUIT (Centralized Intake and Referral / Consultant Unified Intervention Team) – CIR/CUIT is a regional cadre of special education consultants. State Special Education Consultants are available to assist with the identification and interventions needed for students with sensory, intellectual and multiple disabilities, disruptive and/or self-injurious behavior, autism spectrum disorders, or brain injuries through direct and supportive service activities to improve results for children with disabilities, ages 3 to 21, by ensuring a free, appropriate public education (FAPE), in the least restrictive environment (LRE).

Co-BALT (Community-Based Autism Liaison and Treatment) – The CoBALT Project seeks to build state-wide capacity to more quickly triage children suspected of having an autism-spectrum disorder to individualized services and appropriate diagnoses prior to age 6. CoBALT teams around the state provide in-depth, autism-specific screenings and diagnoses for children suspected of experiencing ASD. Part C staff may conduct the initial screening (M-CHAT) and refer families to the CoBALT team nearest them if their child’s M-CHAT screening shows concerns.

**DHS/DDS REFORM** – With a change in lead agency director and two changes in DDS administration this year, this area of infrastructure (lead agency/administering program) is an unknown variable. Recently announced goals to reduce DDS program spending by \$232 million over five years will impact program infrastructure and how First Connections serves children and families across the state, though at this time, the plan to cut spending and how that change will affect Part C has not been revealed or analyzed.

**EDUCATIONAL LIAISON** – this newly created position within the lead agency (DHS) works closely with the LEAs to ensure continuity of care and support for children in the foster care system to promote better educational outcomes for these children.

**EI SUMMIT** – Work-group of representatives of communities, agencies, and organizations across the state who work with children birth to three with developmental delay and/or disability and their families. The group, facilitated by UAMS /Arkansas Children's Hospital's Autism Implementation Grant, hosts the EI Summit as part of research on families' experiences and ability to access early intervention services in the State's current, three-pronged system (Part C, Developmental Day Treatment Centers, Children's Health Management Services) and to determine the feasibility of a single point of entry and ability to collect, store, and track data on all children suspected of DD and/or ASD. The group has regional and national experts share information about how other states' systems work to improve outcomes for families and children. The Summit's 2016 speaker is Robin McWilliam.

**EQUITY ACTION LEADERSHIP PROJECT (ELAN)** – Arkansas Head Start heads up the three-year BUILD Initiative, the Equity Leaders Action Network (ELAN) (in year one) to support individual leaders in early childhood systems to work together to identify, address and take action on issues of inequity based on race, ethnicity, language and culture. The end result is the creation by state and regional partners of a State Plan that addresses structural and/or institutional barriers to the development and implementation of equitable early childhood systems development and implementation.

**FETAL ALCOHOL SPECTRUM DISORDERS (FASD) AND FOSTER CARE** – In collaboration with the Division of Children and Family Services (DCFS), Pulaski County Juvenile Courts, and the University of Arkansas for Medical Sciences evaluation team, this project screens and evaluates children under the age of six who are entering foster care for FASD (Pulaski County only). Partners will provide training about FASD, strategies for supporting behaviors, and approaches to education to DCFS and Juvenile Court workers and others involved with the children, such as foster parents, teachers, and early childhood workers.

**FOLLOWING BABY BACK HOME** – a home visiting program for high-risk newborns and their families referred through NICU or a physician. Home visits are conducted by registered nurse/social worker teams in coordination with the local primary health care providers and specialty providers to assure continuity of care. Program goals include: working with families to encourage timely immunizations and adherence with follow-up care appointments and reduction

of preventable hospitalizations and ED visits; identifying local resources to meet the needs of the baby; building the family's skills and confidence in providing a safe, nurturing home for their baby.

**GOVERNOR'S DD COUNCIL (Developmental Disabilities Council)** -- The newly reconvened Governor's DD Council's main objective is to improve the independence and productivity of people with developmental disabilities and to ensure their integration and inclusion into the community. The DDC's belief is that persons with disabilities and their families are the decision-makers in all matters affecting their lives and that this philosophy is best demonstrated when people with disabilities are given viable choices of where they live, work, play, learn, worship and participate in daily life experience. The Council works to assist individuals experiencing a developmental delay in self-advocacy and to educate legislators and local officials about the needs and concerns of the DD community and how policies will affect individuals experiencing developmental delay.

**HENDERSON STATE UNIVERSITY** – The University's Special Education, Teachers College is in the process of separating all courses so Developmental Therapists and Early Childhood Candidates are only in courses with other candidates who will be providing interventions for young learners as part of program revisions aligning the program with Parts B and C of IDEA, DEC recommended practices, DAP practices, Arkansas Early Childhood Standards to ensure quality pre-service personnel development. Additional programming changes provide opportunities for developmental therapists to come back to HSU and receive the necessary coursework to become teachers if they choose to do so along with an option allowing candidates to test to work with 3 and 4 year olds.

**HIPPY (Home Instruction for Parents of Preschool Youngsters)**: one of the largest evidence-based home visiting programs in the nation. HIPPY uses a Parents as Teachers (PAT) peer to peer training model to empower parents to promote their child's early learning to foster kindergarten readiness. Named one of seven home visiting models that meets the evidence-based criteria of the Maternal, Infant, Early Childhood Home Visiting program (MIECHV), HIPPY is uniquely positioned to help states and communities meet their goals of increasing school readiness among vulnerable populations.

**IV-E WAIVER (DCFS)** The 5-year waiver began in 2012 to promote collaboration among child and family service systems in the state with the goal of shifting resources to build capacity so child welfare system can sustain the initiative beyond the 5-year period. Goals of the initiative include using cross-sector "team approach" to decision-making; enhanced efforts to recruit, retain, and support/train foster families and respite providers; increase parental capacity through a 16-week peer to peer support and parenting class called Nurturing Families of Arkansas; CANS and FAST assessment tools to promote cross-sector collaboration and to communicate a shared vision individualized for each child and family.

**LAUNCH** (Linking Actions for Unmet Needs in Children's Health) – Assists in accessing screening for at risk learners 0-8 and provides supports for professionals to appropriately respond to challenging behaviors and support social-emotional development of learners 0-8 yrs of age. The LAUNCH grant also provides training to early interventionists and to early childhood professionals and consultation to Part C and Part B to assist families and other caregivers of children with challenging behavior in promoting social-emotional development and better understanding and supporting children.

**LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES (LEND)** – This project provides pre-service interdisciplinary training for students from disciplines serving children with developmental disabilities and in-service training for professionals in the field. Core curriculum components in developmental disabilities are infused with family-centered care.

**MEDICAID REFORM GOALS** – To streamline services that results in a reduction of Medicaid spending over a five-year period by five hundred million dollars. As these reform changes are laid out, these changes most likely will impact the Part C program and the families and children that we serve.

**NEST** - The Arkansas Network for Early Stress and Trauma is a program administered by the University of Arkansas for Medical Sciences. Children ages 5 and under who have experienced some type of trauma and their families are eligible to participate. Families receive evidence-based child trauma treatments and support. Parent Child Interaction Therapy (PCIT) is a short-term, evidence-based treatment for children ages two to seven who are struggling with challenging feelings and behaviors. PCIT helps to improve the parent-child relationship, builds the bond between parent and child, and, in turn, helps to improve the child's behavior.

**NURSE-FAMILY PARTNERSHIP (NFP)** – Funded through the Maternal, Infant and Early Childhood Home Visiting program, the Nurse-Family Partnership is operated by the Arkansas Department of Health with individual Nurse-Family Partnership sites implemented by the local county health units in Crittenden, Jefferson, Lee, Mississippi, Monroe, Phillips and St. Francis counties. NFP is an evidence-based, community health program that helps transform the lives of vulnerable expectant mothers who are partnered with a registered nurse early in their first pregnancy to receive ongoing nurse home visits that continue through the child's second birthday. Program goals go beyond improving pregnancy outcomes to include a focus on improved child health and development through responsive and competent care and improved family outcomes through economic self-sufficiency.

**PAC (Parent Advisory Council)** -- The mission of the PAC is to serve as a liaison between the families of children with special health care needs (CSHCN) and existing resources. PAC brings issues that impact the lives of these children and families with appropriate recommendations to representatives of service agencies within the state. PAC has a teaching responsibility to the

families they represent, service agencies, and the professionals who serve children with special health care needs.

**PRESCHOOL EXPULSION/SUSPENSION WORKGROUP** – Group looks at ways to better support children’s social-emotional development to reduce suspension/expulsion. Group looking at ways to support programs (ABC, EHS/HS, home daycares, etc) through screening for behavioral/developmental issues, additional resources like lunch time Webinars as well as looking at different professional development that we can provide to support administrators, teachers, and to engage families to support students to reduce/prevent suspension/expulsion.

**SAFE BABIES COURT TEAM** -- The Arkansas Safe Babies Court Team is a pilot project in the 10th Division Circuit Court in Pulaski County overseen by Zero to Three in collaboration with the Division of Child and Family Services. Stakeholders from legal field, social work, early intervention and early childhood education, therapeutic service providers, and other community stakeholders have created a more infant-friendly system for children 0-3 in the child welfare system of Pulaski County. Zero to Three also provides educational meetings to other workers and stakeholders on issues affecting this community such as fetal alcohol spectrum disorder (FASD), infant mental health, and the importance of attachment and bonding at early ages.

**UNIVERSITY OF ARKANSAS EARLY CARE AND EDUCATION PROJECTS (ECEP)** – With the goal of enhancing the quality of care and education for young children throughout Arkansas by providing professional development for early educators, ECEP in conjunction with the Division of Child Care Early Childhood Education (DCCECE) provides statewide training for early educators. Courses are tiered: basic/foundational, intermediate, advanced, and train the trainer.

**UAMS, DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE, RESEARCH AND EVALUATION DIVISION (RED)** – RED develops, delivers, and evaluates training and other supports to providers in all parts of Arkansas, translating community research into practice. Eight RED programs listed below are designed to enhance family-provider partnerships and healthy child development. Most RED projects are funded by the Division of Early Child Care and Early Childhood Education (DCCECE) and provided at no cost to licensed child care centers.

- **(ACP) AL’s CARING PALS** – Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers provides training and materials for family child care home (FCCH) providers to develop social skills and healthy decision-making in children 3 - 8 years old. The purpose of the training and ACP activities, strategies, and hands-on training is to enrich the child care environment and help home-based providers nurture children’s abilities to use words to express feelings appropriately, control impulses, self-soothe, share, solve problems peacefully, and make healthy choices. The core competencies addressed primarily fall in Key Content Areas 2 (Social-Emotional Development), 3

(Positive Interaction and Guidance), and 4 (Child and Family Relationships).

- **THE FAMILY MAP INVENTORIES** – The Family Map is systematic way for early childhood providers to partner with parents and families to start conversations with families to assess family strengths and needs and document services provided. The Family Map goal is to partner with all families to promote healthy, happy child outcomes.
- **PROJECT PLAY (Positive Learning for Arkansas' Youngest)** -- Project PLAY matches early childhood mental consultants with early care and education providers to offer innovative techniques proven to positively impact the social and emotional development of children. Services include a combination of trainings, observation, thinking together, and consulting on techniques to enhance teacher capacity and team work. Both child specific and programmatic consultation are offered with a goal to reduce expulsion in early childhood.
- **REACH (Reaching Educators and Children)** -- provides on-site training and coaching to enhance teacher ability to promote children's social-emotional development. The six-month training partnership includes two director workshops and six teacher workshops, each followed by coaching and ongoing interaction. Goals of the partnership are improved quality and provision of successful strategies to support children's social-emotional development and reduce challenging classroom behaviors while nurturing positive relationships with young learners.
- **STRENGTHENING FAMILIES** – 6-hour Strengthening Families Seminar for early childhood program directors followed by an online self-assessment and help creating a practical action plan to increase family stability, enhance child development, and reduce child abuse and neglect.
- **TIPS for Great Kids** – TIPS Basic Training and materials prepare early childhood educators who have frequent contact with parents to build relationships with parents and share research-based parenting and resource information.
- **NAPTIME ACADEMY** – Online foundational-level professional development in core competencies aims to increase early childhood programs' capacity for implementing TIPS [above] by increasing providers' knowledge of child health, growth and development, effective parenting strategies and family support topics. The content is designed to translate research into practice. Caregivers are able to access a particular training to address an immediate problem they are encountering. Over time, caregivers can use the resource to build a repertoire of skills and knowledge on topics across the 12 areas of parenting appropriate for their children. Childcare providers can access topics related to the age or developmental level of children they serve at any time.



- **WISE (We Inspire Smart Eating)** -- WISE is an early childhood professional development program and obesity prevention curriculum. WISE educators provide support, materials, and training to equip childcare programs, educators, and home visitors to have a positive impact on children's nutritional choices. Another component of the project impacts children by teaching families to discover fresh, locally grown vegetables and fruits and provides nutritional tips in a family newsletter. Educators are trained to use best practice in childcare center or home visiting program around nutrition education of preschool children.

**WELCOME THE CHILDREN** – state-wide training, TA, and PD program supports Arkansas' early childhood providers, providing training and resources at no cost to programs. The goal of Welcome the Children is to assist early childhood professionals to better understand diversity, appreciate cultural differences and similarities, learn strategies to support English Language Learners, and promote inclusion. To accomplish this goal, statewide personalized training and technical assistance is delivered to Arkansas early childhood professionals in the following topic areas: (1) Diversity in children and families, (2) Inclusion of children with disabilities, (3) English Language Learners, and (4) dual language interpreters/translators.

### ***Alignment within the Lead Agency***

First Connections currently serves as a stakeholder to improve collaboration with the following Divisions within the Lead Agency:

<b>DCFS</b>	<b>Division of Child and Family Services</b>
<b>DCFS/FAS Unit</b>	<b>Division of Child and Family Services/Fetal Alcohol Spectrum Unit</b>
<b>DCCECE</b>	<b>Division of Child Care and Early Childhood Education</b>
<b>DDS / Title V</b>	<b>Children with Special Health Care Needs</b>

### **DCFS:**

Collaboration with DCFS yielded a series of trainings provided regionally to DCFS Family Service Workers, foster parents, and Court-Appointed Special Advocates (CASA) overviewing the Part C program, eligibility, and how and when to refer. Additional partnership between the two Divisions resulted in joint analysis of referral data which prompted a jointly issued policy revision to clarify the process for referring children involved in substantiated cases of abuse and/or neglect to the Part C program per CAPTA requirements. Ongoing collusion with DCFS seeks to integrate or link the two data systems so that when the DCFS Investigator or the Family Service Workers clicks the "substantiated" box in the DCFS child record, the referral is automatically entered into the Part C data system. Future collaborative projects may include joint

training of Part C service coordinators on how to use information from CANS/FAST assessment tools in the development of the IFSP when child welfare is involved in the family's life.

Collaboration with the DCFS/FAS Unit resulted in a one-page informational brochure about the Part C program provided to investigators handling hospital referrals to the FAS Unit and a separate one-page informational brochure highlighting the key points of the joint policy revision between Part C and DCFS.

#### **DCCECE:**

Though in its initial stages in the fall of 2015, representatives of both Divisions serve as a stakeholder in the work of the other. With both programs focusing on professional development as a priority improvement strategy area, possibilities exist for future joint projects designed to support professionals providing early child care to infants and toddlers 0-3.

#### **Title V's Parent Advisory Council (PAC):**

Part C has long collaborated with Title V's Parent Advisory Council to present at regional annual "Family Bistros" to share information about the Part C program as well as to share information about child and family rights under IDEA.

Representatives of the following Divisions of the Lead Agency which also serve families of infants and toddlers (with and without disabilities) participate in improvement planning as SSIP Stakeholders and/or as members of a Professional Development Leadership Team to guide the Part C program in planning strategies and activities to begin implementation of EBPs:

<b>DCCECE</b>	<b>Division of Child Care and Early Childhood Education</b>
<b>DCFS</b>	<b>Division of Child and Family Services</b>
<b>DBHS</b>	<b>Division of Behavioral Health Services</b>
<b>DDS/Title V</b>	<b>Children with Special Health Care Needs</b>
<b>DDS/ECSE</b>	<b>DDS Early Childhood Education 3-5 Center-based Services</b>
<b>DMS</b>	<b>Medicaid</b>

#### ***Alignment outside the Lead Agency***

##### **Arkansas Department of Education:**

Externally, Part C has formed a solid alliance with the Arkansas Department of Education's 619 Program, resulting in shared trainings on the topic of transition from Part C to Part B. Creating an "Early Childhood Partnership" to create a vision for supporting learners 0-5 and their families and to redefine what "kindergarten readiness" might look like in our state, Part C and 619 staff participated together in a book study and Web training provided through NCSI on *Leading by Convening*. Together Part C and 619 began applying *Leading by Convening* principles, recruiting

and inviting representatives from over 50 different programs and agencies serving families of young children (see list in Appendix A of the PD Leadership Team) to “do the work together” in assessing state capacity and need and setting goals for an integrated professional development system. The Professional Development Leadership Team’s work will support selection of, implementation of, and scale up of evidence-based practices, and employing more effective methods of providing TA and PD to change provider practice for professionals working with young learners 0-5 with special learning needs.

### **IHE:**

Analysis in Phase I revealed an issue of pre-service training not preparing EI professionals for certain aspects of work in a Part C program. For the past two years, Part C has worked closely with Henderson State University (HSU) to ensure that candidates of the masters of early intervention and the early childhood special education degrees receive training on key principles of early intervention, functional child outcomes, and family engagement resulting in a curriculum change to align HSU curriculum with DEC RPs and other current best practices of early intervention as well as Part C program improvement goals. Henderson State University and Part C CSPD conduct a bi-annual presentation for students of both programs on key points of IDEA.

Two professors from HSU’s Teachers College serve on the Part C Cross-State Family Outcomes Learning Collaborative (NCSI/WestEd) and as Part C SSIP Stakeholders.

In October of 2015, Part C CSPD and professors from HSU’s Teachers College co-presented at the Arkansas Council for Exceptional Children’s (CEC) annual conference, sharing information with attendees about the importance of social emotional development of early learners for kindergarten readiness.

### **EHS and HS**

Part C and the State’s Early Head Start and Head Start programs work together under Memorandums of Understanding to provide developmentally appropriate early intervention to children and to collaborate to provide parent and professional training.

### **Early Intervention Summit**

Part C participates on the steering committee for the Early Intervention Summit, spearheaded by Partners for Inclusive Communities and the Autism Planning and Autism Implementation Grants. The mission of the EI Summit to be held in March of 2016 is to bring together professional leaders, family leaders and the medical community to discuss the current Early Intervention entry systems and tracking across programs. Participants in the Summit will identify issues and goals and establish workgroups to guide the outcome of a state plan for implementation for universal data collection and a referral system, as a means to organize and ease the use of our Early Intervention system, as well as a plan for tracking people with developmental disabilities across the lifespan.

### **Autism Planning Grant and Autism Implementation Grant (UAMS and ACH):**

Part C serves as a stakeholder on both grants to assist the State in reaching its goal of having every child screened by two to streamline system navigation for parents of children with ASD and to lower the age at which children with ASD receive support. In order for Part C to assist in reaching this goal, a University of Arkansas for Medical Sciences (UAMS) Pediatric Psychologist trained Part C State staff (regional service coordinators) in administering the MCHAT for any child whose ASQ results showed concerns both in communication and in social emotional development. First Connections' regional service coordinators can also provide this screening and assistance for parents with concerns of ASD. Though the service coordinator's use of the MCHAT can't yield a diagnosis, having an ASD-specific screening can provide immediate relief from the anxiety a parent might face "waiting" and "worrying." Results of the MCHAT screening tool indicate that a "passing" score is highly unlikely to yield a false negative, though a "concern" score can be indicative of issues other than ASD (like global developmental delays). However, for children whose MCHAT scores are "non-passing," the service coordinator can immediately guide the family in "next steps" to ensure appropriate follow-up. With parent consent, the service coordinator can refer the child to a regional CoBALT team trained and supervised by Dennis Developmental Center (DDC) of Arkansas Children's Hospital. CoBALT teams can see families more quickly than the DDC and are trained to provide a comprehensive autism-specific evaluation and make an ASD diagnosis.

Additionally, First Connections is participating in the grants' pilot project, *Giving Families a Voice, AR Early Intervention Pilot Project* managed by Arkansas Children's Hospital (ACH) and the University of Arkansas for Medical Sciences (UAMS). The objective of the pilot project is to collect data on children under the age of three suspected of having either ASD or developmental delay and the various entry points into the EI system with the ultimate goals of creating a single point of entry into early intervention for families of infants/toddlers and a universal data system that would enable the state to track children as they transition from program to program to better measure outcomes.

### **Dennis Developmental Center (DDC) of Arkansas Children's Hospital (ACH):**

Dennis Developmental Center partners with Part C to ensure that all pediatric residents receive a one-hour course on IDEA, Part C as part of their rotation to ensure that soon-to-be pediatricians are informed and aware of the benefits of early intervention, program eligibility, and when and how to refer. Part C assists in planning annual CoBALT training and presents the segment of the annual training on early intervention under IDEA, Part C.

### **Arkansas' Professional Development Steering Committee:**

External collaboration is Part C's presence "at the table" on the State's Professional Development Steering Committee. The Professional Development Steering Committee was formed in the spring of 2015 after a vote from the Arkansas Early Childhood Commission established the Committee to improve the state-wide early childhood professional development system. At its initial formation, the Steering Committee initially did not include a representative from Part C or 619 but in November of 2015 expanded its roster to include both programs. The purpose of the State Professional Development Steering Committee is to align the state PD system to meet national, research-based standards and to develop an integrated structure to support the increase of high-quality early childhood professionals and Better Beginnings programs (the State's

preschool expansion grant administered by DCCECE). Many opportunities may exist to align the work of the two separate state-wide professional development planning groups to support inclusion of children with special learning needs and to promote “kindergarten readiness” for all learners across programs and to implement EBPs and methods of professional development that support early interventionists, childcare professionals, and preschool providers in implementing with EBPs with fidelity.

### **PTI:**

Part C has had a long partnership with Family2Family (PTI grant). In the fall of 2015, the PTI grant went to another group, and new relationships are being forged, with a regional coordinator of the new PTI, The Center for Exceptional Families, joining the Early Childhood Partnership’s Professional Development Leadership Team to not only represent the PTI, but to also represent Spanish-speaking families. Possible collaborative trainings are being discussed to share training in EBPs with the PTI as well as PTI, Part B/619, and Part C collaborative workshops and trainings for parents and other caregivers, Early Head Start and Head Start.

### **AAIMH/LAUNCH:**

Part C is a member organization of the Arkansas Association for Infant Mental Health, attending annual conferences and quarterly association meetings to network with other professionals interested in the social-emotional development of young learners. Following the AAIMH meetings, LAUNCH stakeholders meet to complete steps to implement the grant initiative’s pilot. The LAUNCH grant’s goal is to create a coordinated network of “wraparound” style services for families of children 0-8 who demonstrate a need for behavioral health (social emotional developmental) support. LAUNCH shares data with Part C regarding what’s working and not working as they work to pilot their initiative in one county of the state.

### **NEST:**

NEST contributes articles for the Part C provider newsletter. Part C and NEST collaborate to support families by referring to one another’s programs as appropriate.

### **(CAYSI) Children and Youth with Sensory Impairments:**

CAYSI’s educational consultant provides an annual workshop to EI service coordinators to educate service coordinators on “red flags” that may indicate a referral, how to refer, and the supports CAYSI offers children and families. CAYSI consults with EI provider teams to assist in planning intervention strategies to support the participation of toddlers affected by dual sensory impairment.

### **Arkansas’ Fetal Alcohol Spectrum Disorder Task Force:**

Part C has had a long collaborative relationship with the FASD task force, and the task force has a liaison to Part C to facilitate supporting families involved in DCFS.

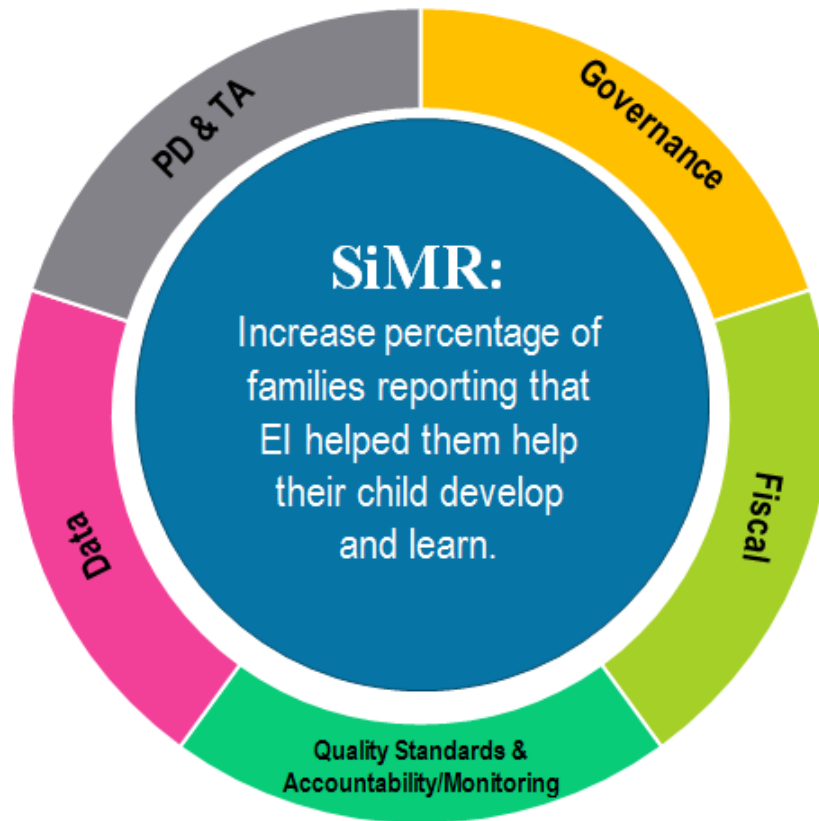
### **Safe Babies Court Team:**

Part C serves as a stakeholder for Safe Babies Court team and has served on panels and subcommittees.

**Arkansas' Fatherhood and Family Initiative:**

Part C serves as a stakeholder on FEEL and serves on planning committees and subcommittees.

#### Appendix 4: Phase I Proposed Improvement Strategies by Infrastructure Area



#### Proposed improvement activities to improve the State infrastructure (by infrastructure components indicated in the above graph)

##### **PD & TA:**

- Form a state-wide, cross-sector Professional Development Leadership Team to leverage resources and align initiatives affecting early learners, and to do the work together of determining content and competencies for a master cadre of trainers to serve as external coaches.
- Training the internal and external coaches (UP Sites and the Master Cadre).
- Partner with families to develop family stories that highlight the benefits of being able to implement intervention strategies into daily activities to promote their child's learning and development.
- Develop a "marketing plan" to educate referral sources on mission and principles of early intervention, what that "looks like," and the benefits of natural environment practices
- Market this initiative to EI providers so providers understand the importance of maximizing everyday learning opportunities to enhance the child's opportunities to practice new skills frequently and in context while providing training with follow up mentoring/coaching to support EI providers in coaching caregivers in implementing learning strategies within typical child activities.
- Identify "core competencies" of Part C providers and develop training to ensure that all Part C providers complete core competencies training as part of certification.

- g. In-service and preservice TA on developing meaningful and useful IFSPs with functional goals and objectives created with parents
- h. Enhance the CSPD Unit to be able to provide more Web-based TA and trainings, and develop and disseminate guides or other support for EI providers.
- i. Provide video or online module highlight the benefits to parents and other caregivers of being able to maximize everyday learning opportunities to help their child develop and learn and orient SCs in the use of the video as part of intake.
- j. Operationalize training objectives into measureable outcomes for changes in practice.

## **Quality Standards, Accountability, Monitoring:**

- a. Core SSIP Team completes the DaSy Center and ECTA Center Framework self-assessments periodically throughout the SSIP process to inform the changes and to self-assess progress in each sector of infrastructure development.
- b. Work with the EBP Community of Practice to develop requirements for EIS providers to make ongoing assessment results available to and utilized by parents in order to educate parents on next steps in development to facilitate parent participation in early intervention, in updating goals and objectives on the IFSP, and in implementing intervention strategies into their typical activities.
- c. Establish regularly occurring collaborative meetings between Data Unit and QA/Monitoring Unit to share information and to evaluate/measure progress on implementation.
- d. Form a state-wide, cross-sector Quality Standards Leadership Team or create this team from a subset/subcommittee of the State-wide Cross-sector Professional Development Leadership Team.
- e. Work with national TA partners to create a (or implement an existing) coaching checklist to be used by master cadre external coaches to ensure that EI providers are training/supporting parents and other caregivers.
- f. Implement an existing self-assessment tool to be used by EI providers/programs for self-reflection on how EBPs are being implemented and have providers complete an annual PIP (professional improvement plan) with activities to develop areas self-identified as needing improvement.
- g. Align priority areas, rankings, and visit protocol for Focused Monitoring with the SiMR.

## **Data:**

- a. Revise, as needed, the annual Family Survey to increase response rate.
- b. Educate EI providers on the importance of family participation in the family survey and have a provider group brainstorm ways of increasing the percent of families who respond.
- c. Develop or modify/implement an existing rating tool (SHoRE or FINESSE) to measure EI's effectiveness in helping the parent promote child learning within typical activities as an additional data source to measure program progress in reaching the SiMR.
- d. Use the IFSP-Outcome Assessment Tool (OAT) to rate the functionality and quality of child outcomes on IFSPs. Use this data to measure progress.
- e. Ensure that the CDS includes critical indicators related to the SiMR for Part C. Consider enhancing (if necessary) the Part C data system to collect ongoing indicators of how the EBPs are being implemented.

## **Governance:**

### **Program Structure**

- 1. Establish target group to begin implementation (application, application process, review and selection, notification/interview) – the Unlimited Potential (UP) initiative.



2. Expansion of initiative by cohort groups.

**Policy** (*forms, policy, procedures and guidelines*)

- a. Memorandums of Understanding between First Connections and providers who agree to serve as initial cohort (target sites) to begin implementation of improvement plan and establish and support a Community of Practice (CoP) for programs in the initial cohort (UP Sites) about the implementation of EPBs.
- b. Revise initial certification requirements and re-certification requirements to include all Part C providers and service coordinators to complete core competencies training.
- c. Change annual professional development requirements for all Part C providers to require a specified number of hours of training annually on topics related to EBPs for 0-3 learners.
- d. Parent Participation Agreement used at intake. Policy requirement for a parent or other caregiver present for all or a % of service hours with the child and involved in the engaging the child in the tasks to implement IFSP strategies.
- e. Family Handbooks revised to correctly describe what early intervention is and the caregivers' role as partner in intervention.
- f. First Connections Web site and FaceBook Page.
- g. Include a Natural Environments Service Guidelines in procedural manual to include caregiver coaching in the home and/or early care and education settings to support primary caregivers' ability to embed learning strategies (intervention) into typical child and caregiver routines.
- h. Revise voucher agreement as needed to support the provision of Evidence-based Practices (EBPs) such as caregiver coaching and develop a Natural Environment Provider Provision Agreement or include this provision in updated voucher agreements as part of scale up.
- i. Develop Report Writing Guidelines (manual) to set Part C requirements for 0-3 evaluation reports and require that the written report supports the family's ability to use information from report to develop age-appropriate learning goals for their child.
- j. Collaborate with Medicaid to work under an MOU that aligns program requirements for observable, measureable, functional and cross-disciplinary child outcomes for infants/toddlers with disabilities 0-3 to support child development in OSEP global child outcome areas. And together create an FAQ booklet for Part C providers to answer common questions.

**Fiscal:**

- a. Assign percentage of allocation to CSPD to support plan activities to move from target group to scale up.
- b. Ensure that IFSP teams are selecting services based on what is needed to reach functional child outcomes on the IFSP and revise Part C service guidelines and require developmental justification of need to approve service level exceeding Part C guidelines (regardless of child's pay source).
- c. Collaborate with Medicaid to determine methods of maximizing revenue as required by the state while assuring that the EBPs are main drivers for Part C services.
- d. Meet quarterly with EBP Community of Practice (from UP Site cohort group) to review procedures and to discuss issues such a billing and the system of payments policy to streamline processes to make providing EBPs cost effective.
- e. All IFSP services require prior authorization. Part C no longer funds or approves funding of services on an IFSP that does not meet program requirements.